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***LaShawn A. v. Fenty***

**An Assessment of the  
District of Columbia's Child Welfare System**

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June 2007

Center for the Study of Social Policy  
1575 Eye Street, NW, Suite 500  
Washington, DC 20005

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**SECTION IA: INTRODUCTION**

This report is prepared by the Center for the Study of Social Policy (CSSP), the LaShawn Court-appointed Monitor, to assess the progress of the District of Columbia in meeting the newly revised outcome and implementation benchmarks established in the Court-ordered LaShawn A. v. Fenty Amended Implementation Plan.

The LaShawn Amended Implementation Plan was approved on February 27, 2007 by U.S. District Court Judge Thomas F. Hogan. The Amended Implementation Plan (AIP) sets the outcomes to be met and the strategies the District of Columbia will implement to achieve compliance with the child welfare reforms required under the LaShawn Modified Final Order. The Amended Implementation Plan covers outcomes and activities through December 31, 2008 and is the result of negotiations between District officials and Children's Rights. This plan is legally binding and enforceable by the U.S. District Court.

The AIP replaces the 2003 Implementation Plan, which set forth incremental quantitative progress benchmarks between June 2003 and December 2006 with the expectation that the District would have been in full compliance with all of the standards by December 31, 2006. In anticipation of the December 31, 2006 deadline, CSSP completed two monitoring reports to assess progress in meeting the requirements of the 2003 Implementation Plan; these assessments demonstrated that despite many improvements, key systemic and practice problems remained and the District would not fully meet the requirements of the LaShawn Modified Final Order by December 31, 2006.

The new AIP includes three sections: *Outcomes to Be Achieved to Ensure Child Safety, Permanency and Well-being and System Accountability*, which restates and recommits the District to comply with those LaShawn standards where insufficient progress has been made or in which recent progress has not been sustained; *Outcomes to Be Maintained*, those LaShawn standards where the District has demonstrated compliance and must continue to sustain compliance for the duration of Court-oversight; and, a third section of the agreement that includes the *Strategies to Achieve the Outcomes*. This strategy plan identifies the actions that CFSA and the District government have committed to implement in calendar year 2007 to achieve compliance with the outcomes in sections one and two of the AIP described above.

Strategies can be modified with the agreement of the Monitor and will be updated annually in consultation with the Plaintiffs and the Monitor.

#### *Using Benchmarks to Measure Progress*

Wherever possible, the current monitoring report uses the last quantitative benchmark from the 2003 Implementation Plan against which to assess current progress.<sup>1</sup> There are some requirements, however, where the requirements in the 2003 Implementation Plan vary slightly and a few instances where new requirements have been added and no previous benchmark exists. For those outcomes, the Monitor has set or will set performance benchmarks and will monitor progress accordingly.

#### *Using January 2007 Data to Determine Progress*

Data from January 2007 as verified by the Monitor are used to determine compliance with the Amended Implementation Plan in this report. There are two important limitations that should be noted regarding the use of these data. The Amended Implementation Plan was approved by the Court on February 27, 2007 and there are new requirements that were not in place at the time of the data extraction. In these instances, data are not available for the new requirements. Additionally, the “logic” used to extract data from the FACES system is tied to the language of the 2003 Implementation Plan and updates need to be made in order to provide the data for specific measures. In these instances, some data are available but are not an exact match to the requirement in the Amended Implementation Plan. Within this report, the Monitor has highlighted where the data are not currently available or not an exact match and provided whatever data are available as an approximation. The Monitor’s next report will include up to date information about each of the Amended Implementation Plan Requirements.

Multiple sources of information, as detailed throughout this report, have been used to determine the direction of progress and provide objective information to the Court, the Plaintiffs in the LaShawn litigation, key stakeholders, the Mayor, the Council of the District of Columbia, the Child and Family Services Agency and the general public.

#### *Organization of the Report*

The report is organized in the following manner:

- Section IA: Introduction
- Section IB: Overview of Progress
- Section II: Outcomes to be Achieved
- Section III: Outcomes to be Maintained
- Section IV: Status of Implementation Strategies
- Appendix A: Status of Resource Development Plan Implementation
- Appendix B: Summary of Outcomes to be Achieved

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<sup>1</sup> For some measures, the Monitor will set additional performance benchmarks in the next six months based on the Monitor’s judgment of the level of performance needed for compliance. None of these “full compliance” benchmarks have been agreed to by the Parties.

## SECTION IB: OVERVIEW OF PROGRESS

The Amended Implementation Plan presents a new opportunity for the District of Columbia to focus on those areas of practice where performance has not met the requirements set forth in *LaShawn*. Much was accomplished by the District between April 2003 and December 2006 but there remains significant work to improve the quality of both practice and decision making with children, families, resource parents and contractors. The majority of the work completed since the establishment of CFSA as a Cabinet level agency within District government has been devoted to building the infrastructure of a functional child welfare agency (a stable workforce, quality assurance capacity, policy development and promulgation, etc.) as the building blocks for improved quality of practice with individual families and children. While there is evidence that child welfare practice has and continues to improve, the desired level of effective child welfare practice is not consistently evident within CFSA and across its contracted providers. Many children and families continue to receive less than optimal services and supports. High quality planning, decision making and service delivery is not yet the norm. The District intends to use the next two years and the strategies of the Amended Implementation Plan to continue to support the child welfare system infrastructure, establish mechanisms to achieve and sustain progress, maintain the quantitative process gains of the past several years and more substantively ensure consistent quality of service delivery for children and families. These will be primary areas for performance monitoring in the next two years.

Any assessment of progress must be placed in the context of the significant changes occurring at CFSA. Multiple large scale initiatives are underway including implementation of the redesign of in-home services and permanency services and reform of provider agency contracting. Additionally, over 40 CFSA workers will be out-stationed to the Health Families/Thriving Communities Collaboratives in FY 2008. Collectively, these changes represent a major restructuring of how the Agency does business with families and its community partners and its contractors.

These changes are occurring at a time of leadership transition within District government and at CFSA. A new Mayor and Council of the District of Columbia were elected in November 2006 and the District is in the process of interviewing candidates for the Director position at CFSA, which was vacated earlier this year. The new Director will be the fourth person in this critical leadership position since the Agency came out of Receivership. Dr. Sharlynn Bobo has assumed the Interim Director position while the Mayor completes the search and selection process for a permanent Director. The current Chief of Staff is moving to another public agency and this position will need to be filled as well. These transitions are difficult on the workforce and also have an impact on relationships with providers and external stakeholder groups. While not unexpected, the monitor is concerned that forward momentum on several important initiatives, especially the permanency redesign, has slowed down during this period.

The Monitor is hopeful that a permanent Director will be selected soon who will provide vision, leadership, momentum and stability over the next several years while work continues to realize and sustain the vision of a high-functioning child welfare system. That vision must be shared by



leadership and staff at CFSA and among CFSA's partnering service providers. In addition, parents, youth, and stakeholders in the community have to engage in this process and take up their rightful roles as advocates and monitors in holding CFSA and all of the District's child and family serving agencies accountable for child safety and child and family well-being.

The overall progress of the District's child welfare system has remained on an upward trajectory although performance on individual requirements is mixed. In some areas, progress is stalled at unacceptable levels and declines are noted. There are a couple areas in the Outcomes to be Maintained section where progress is not being sustained. If performance on any of these area declines significantly over two monitoring reporting periods, those Outcomes will be moved to "Outcomes to be Achieved" listing.

There are currently several issues as noted in the Areas in Need of Improvement below that the Monitor has identified for immediate follow-up with CFSA. In July 2007, the Monitor will meet with plaintiffs and CFSA to discuss the concerns, the findings of this report and progress to date.

Below is a summary of what is working well, what continues to need improvement in the District's child welfare system, and issues requiring immediate attention.

### **What is Working Well**

- **Mayor Fenty and the Council of the District of Columbia remain committed to the improvements in the child welfare system needed for implementation of the LaShawn decree.**

The Mayor's proposed FY 2008 budget provides the funding necessary for implementation. The Mayor's focus on accountability for results and his introduction of the CAP-STAT methodology to consistently review Agency performance on outcomes and develop solutions to identified barriers should enhance progress. Additionally, the new Council of the District of Columbia has shown significant interest in holding CFSA and other child and family serving public agencies accountable for better outcomes.

- **The Agency has been successful in keeping the backlog of overdue investigations down.**

Nearly half (47%) of all investigations completed in January were completed within the 30 day requirement. Additionally, the backlog of investigations, those investigations not completed within 30 days, generally stayed under 100 cases over the past ten months.

- **There have been steady improvements in performance on social worker visits with children and parents.**

CFSA has worked to improve performance on social worker visits with children and parents. In January, 90% of children in foster care received one visit from their social workers and 67% receive two or more visits up from 48% in April 2006. Likewise, 75% of children in in-home services received one visit from their social workers and 35% received two visits, up

from 20% in April 2006. All of the remaining visiting requirements have improved as well. While performance is still below required standards, the Agency's significant effort related to visits is noteworthy.

- **The time it takes to achieve permanency for children in foster has been reduced.**

Over 800 children achieved permanency in 2006. Between 2005 and 2006, the time to achieve reunification, adoption and guardianship all decreased. The percent of children and families successfully reunified within 12 months increased from 29% in FY05 to 39% in FY06. Overall, 79% of exits from foster care were through reunification, adoption or guardianship. Legal action to free children for adoption has improved, especially in the last quarter of 2006 and permanency planning team meetings are happening more regularly for children for whom an adoptive resource has not been identified. Moving children and their families quickly to permanency is an essential aspect of child welfare efforts. Current performance in this area is in stark contrast to how the Agency practiced at the initiation of LaShawn when the majority of children languished in foster care without the hope of a permanent family.

- **Far fewer young children are placed in congregate care.**

In January 2007, there were 9 children under age 12 in congregate care for more than 30 days and 5 children under age six in a congregate placement. Performance in this area has been improving for the past several years and the Agency is well within reach of completely ending the use of congregate care for children under age six. Given what research indicates about the deleterious effects of congregate care on children's brain development and well-being, the Monitor looks forward to the day when all young children are placed with families.

## **Areas in Need of Improvement**

- **Medical and dental services are not consistently provided to children in foster care and none of the child well-being outcomes were met.**

While important improvements have been seen in ensuring that children have a health screening prior to an initial placement, fewer children are receiving the necessary medical and dental follow-up once they are placed into foster care. The Monitor highlighted concerns related to medical and dental care in the last monitoring report and unfortunately it appears that little, if any, progress has been made in this area. Children's receipt of appropriate health and dental care while they are in foster care must be a top priority. In January 2007, 25% of children received a full medical evaluation within 30 days of placement, down from 29% in April 2006, and 0% of children received a dental exam within 30 days of placement.

- **Increased efforts are needed to promote sibling connections.**

In January 2007, 57% of children in foster care were placed with some or all of their siblings and a third (33%) of siblings who were placed apart had twice monthly visitation. Maintaining connections among siblings who are placed in foster care is critical for child

well-being and can buffer the trauma of being removed from home. While sibling visitation has improved since the last monitoring period, performance on placing siblings together has stalled at an unacceptable level.

- **Multiple placements for children in foster care continue for too many children and youth.**

Children in foster care continue to experience multiple placements. Multiple placements often lead to considerable related problems for children, including disruptions in school attendance, access to services and diminished interest in and ability to form and sustain lasting positive relationships. Significant practice changes are needed to provide foster parents and other providers with the skills and supports they need to ensure stable placements for children, especially teens. Mechanisms such as pre-disruption family team meetings, which are intended to stabilize placements at the first sign of trouble, are not routinely implemented. The difficulty caregivers have in accessing high quality crisis intervention and mental health services also contribute to the problem. Although addressing this problem is one of the Agency's acknowledged priorities, there is no recent evidence within the current practices at CFSA or the Department of Mental Health to suggest that the District has turned the corner on reducing multiple placements for children in foster care. Additionally, data problems in FACES related to how placements are counted have not been resolved. This results in a lack of clarity regarding how often children are actually moving from placement to placement.

- **Too few children with a permanency goal of adoption are in pre-adoptive homes.**

Twenty-nine percent (29%) of children whose goal changed to adoption in May 2006 were in a pre-adoptive home by January 2007 (nine months later). Overall, 60% of children with a goal of adoption are not currently in a pre-adoptive placement, with 38% of these children living in a congregate or treatment setting. Additional and intensive recruitment efforts are needed to identify possible permanent families for these children. Additionally, CFSA is not providing sufficient data regularly in important areas related to adoption performance.

- **Many of the staff training requirements are not being met.**

Although performance on the worker pre-service training has improved (from 40% to 57%), private agency workers are still not receiving required pre-service training at an acceptable level (38%). The Monitor is concerned that a workable solution has not yet been found to ensure the private agency workers are provided the necessary training. Performance on the in-service training hours for workers is also backsliding (from 26% to 21%) and the in-service training of supervisors and managers/administrators has also slipped to 77% and 59% respectively. Having an adequately trained workforce that is well versed in policies, procedures and quality practices is a critical element of a well functioning child welfare agency. Additionally, the Monitor cannot adequately assess foster and adoptive parent training as the Agency's ability to track and monitor these efforts is poor.

- **Families whose situation is assessed at low or moderate risk for future child maltreatment are not receiving preventive services as needed. Once referred from the investigations units, few families are receiving services from the Collaboratives.**

As part of its redesign of in-home services, CFSA amended its policy so that families investigated for child abuse and neglect who were determined through the use of Structured Decision Making™ assessment to be at low or moderate risk of future maltreatment, regardless of the finding of the recent investigation, were to be referred to their neighborhood Collaborative for follow-up services as needed. The goal of the new process was to better engage families and more readily link them to a neighborhood network of services and supports as a prevention strategy. Unfortunately, recent data suggest a system breakdown in the referral and service delivery process.

In January 2007, 239 families were assessed as low or moderate risk for future child maltreatment; for 78 of the families an allegation of abuse or neglect had been substantiated. Thirty-five (35) of these families were referred to a Collaborative for supportive services according to CFSA data. Of the 35 families, there is documentation that only 12 (34%) received services. The Collaboratives are providing services to many families through community referral process and referrals from the in-home units and foster care units at CFSA and private agencies but do not yet seem to be working with the low and moderate risk families as a preventive measure, as planned.

These data are troubling. Immediate review is needed to determine if families are falling through the cracks and whether the problem is referral protocols, engagement of families, resource capacity limits, documentation, or other issues. The Monitor will be meeting with CFSA within the next 30 days to assess the barriers to full implementation of this plan and to develop action steps to resolve this urgent issue.

- **The array of mental health services to children in foster care remains inadequate.** Children are primarily receiving individual therapy from the Department of Mental Health certified Core Service Agencies when their needs for mental and behavioral health support are far more diverse than the service capacities and offerings of those providers. Efforts to establish and maintain additional and more creative services have been limited. CFSA and the DMH recently submitted an incomplete mental health needs assessment that provided an overview of possible service delivery options and are working now to complete the analysis of the children currently in care and their mental health needs. That analysis will include input from children, families, and other stakeholders regarding their views on the range of service needs and a plan for developing a sufficient service array. The Monitor and most of the District's advocates believe that children's mental health needs are not adequately met and expect a workable and expedited solution to address this issue.

- **There is no resolution to the ICPC issues with Maryland.**

Far too many children are unable to be placed in a timely manner with relatives who live in Maryland. The District's inability to grant or secure temporary licensure for relatives in Maryland means that children must be placed with unrelated and previously unknown foster

parents when their aunts, uncles, cousins and grandparents live across the Maryland state line. CFSA and the Family Court have recently sought guidance from the National Resource Center to assist them in finding solutions to the on-going problems with placing children in other jurisdictions. The Monitor continues to believe that a Congressional or legal intervention may be needed to ensure that children from the District have access to their relatives in other jurisdictions and an adequate pool of foster parents.

- **The redesign of permanency services at CFSA has not moved forward as expeditiously as originally anticipated.**

It was anticipated that the permanency redesign would have been fully implemented before this monitoring period. Leadership changes, lack of sufficient strategic planning and implementation as well as low interest among staff in applying for the permanency specialist positions have made it difficult to go to scale with this initiative. The incomplete implementation of the permanency redesign means that a large area of practice within the Agency, i.e. how cases are assigned and managed once a child's permanency goal is changed to adoption or guardianship, remains without full clarity or direction. CFSA reports that implementation will be complete by the end of September 2007 and the Monitor will provide an update of progress related to implementation and permanency outcomes for children at that time. The Quality Assurance unit within CFSA is assessing the implementation of this initiative and providing feedback at all levels at the Agency. The Monitor anticipates this activity will inform the on-going design and implementation process.

- **Some private agencies under contract with CFSA continue to underachieve.**

Private agencies continue to miss the mark for many of the basic requirements of LaShawn. For instance, 55% of children who have returned home from foster care or who remain at home with their parent while a sibling is in foster care and for whom private agencies maintain case responsibility were not seen at all by their social worker during January 2007. Individual private agency performance is quite variable with some agencies performing well and others not. This is both an issue for CFSA in that holding the private agencies accountable to expected standards is a core responsibility, and for the private agencies who must hold themselves accountable for effective work on behalf of children and families.

- **Data tracking has improved significantly but there remain many areas where CFSA is not collecting adequate information related to performance.**

The Monitor continues to work with CFSA to produce the necessary data related to all of the requirements of LaShawn. These requirements are well known to CFSA but in too many instances, data are still not readily available to track progress. The Monitor needs data for the purposes of determining the level of performance and reporting to the Court. More importantly, CFSA cannot determine its own direction of performance in these areas and make mid-course corrections if it remains dependent on the Monitor to review data and make a determination.

*Areas for Immediate Action*

As previously noted, the Monitor will meet with CFSA and Plaintiffs in July 2007 to address the findings of this report and to ensure that immediate action is being taken in the following areas:

- Decision-making and process for referrals from CFSA's Child Protection Administration to the Collaboratives
- Social worker visits to families/children with in-home cases
- Data related to placement moves and full implementation of strategies to address placement disruptions
- Assessments for children experiencing placement disruptions
- High caseloads of re-licensing workers
- Mental health needs assessment completion
- Quality Improvement Plan revisions to including staffing plan and the uses of Quality Service Reviews and related tools and training
- ICPC backlog and the development of an action plan to resolving barriers to placing children with relatives across state lines

## SECTION II: OUTCOMES TO BE ACHIEVED

### A. Goal: Child Safety

Ensuring the safety of children is a primary function of any child welfare system and the District's Child and Family Services Agency (CFSA). This effort begins when a family comes to the attention of the child welfare system and ends only when a family's case has been safely closed with the child or children achieving permanency – safely back in the home of their parent or with another permanent family through adoption, guardianship or a life-long connection to a support person or family.

Much of the initial work related to child safety occurs in the Child Protective Services Administration (CPS) at CFSA. CPS functions includes investigating allegations of abuse and neglect, making a determination whether abuse/neglect occurred and providing services to ensure children are safe and their families are receiving the support they need. The Monitor is currently working with CFSA on an intensive evaluation of CPS, which includes a case record review and focus groups with CPS staff and community stakeholders. This report is expected to be completed in July 2007. Several measures related to the quality of investigative practices that are in the AIP will be assessed during this evaluation and information regarding these measures are not included in this report. These include:

- Good Faith Efforts to Initiate an Investigation
- Use of Screening Tool and Risk Assessment Protocol
- Full and Systematic Analysis of a Family's Situation
- Appropriate Interviews with Collateral Contacts and Children in the Household
- Medical and Mental Health Evaluations During Investigations
- Assessing Relatives as Placement Resources

District performance on other AIP requirements related to investigative practice are discussed below.

#### 1. Investigation Initiation

##### *a. Amended Implementation Plan Requirement*

The District of Columbia's child welfare agency is required to initiate investigations of alleged child abuse and neglect within 48 hours.<sup>2</sup> Initiation of an investigation includes seeing all alleged victim children and talking with them outside the presence of the caretaker, or making good faith efforts to locate a child within that time frame.

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<sup>2</sup> *LaShawn* requires the District to initiate investigations within 48 hours. District of Columbia law requires investigations to be initiated within 24 hours.

When children are not immediately located, documented good faith efforts to see the child within the first 48 hours must be made and shall include visiting the child's home, school and day care in an attempt to locate the child as well as contacting the reporter, if known, to gather additional information about the child's location. Additionally, contacts with the police shall be made within the first 48 hours for all Priority I and Priority II Abuse allegations when the family or child cannot be located.<sup>3</sup>

***b. Benchmark and Current Performance***

*Interim Benchmark: 90% of all investigations are to be initiated within 48 hours*

In January 2007, of the 415 investigations accepted, 295 (71%) had a face-to-face contact within 48 hours. Twenty-two investigations (5%) had a face-to-face contact after 48 hours. Two investigations had documentation of attempted face-to-face contact after 48 hours and nineteen (5%) had no documented start date in FACES by the end of the reporting period, meaning no documented contact in the month of January.

CFSA's data system also captures information about attempts to initiate investigations. In January 2007, CFSA reports it attempted to initiate the investigation within 48 hours in 77 (19%) of the 415 cases. The Monitor is not yet able to confirm that these good faith efforts meet the criteria established in the AIP, however, this is an area of inquiry in the previously mentioned CPS review, which will be completed by July. If the CPS review determines that these good faith efforts do meet the criteria, CFSA would be in compliance with this requirement as 90% of investigations (71% face-to-face and 19% good faith efforts) would meet the interim benchmark.

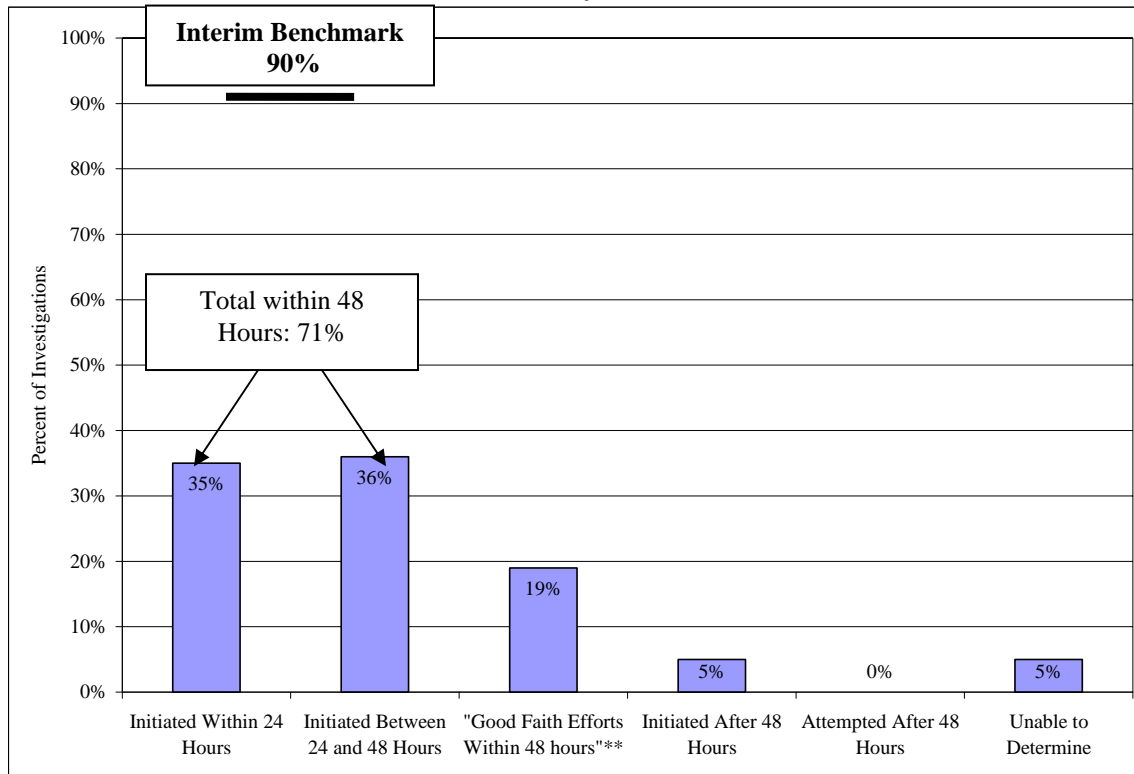
District of Columbia law requires investigations be initiated in 24 hours. In January 2007, 147 (35%) of the 415 accepted investigations were initiated within 24 hours.

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<sup>3</sup> The AIP states that contacts with police shall be made for allegations that involve moderate and high risk cases when the child and family are not able to be located. However, a risk level is not determined until after the child and family have been assessed. During the Hotline intake process, priority levels (I and II) are assigned to each case based on the seriousness and type of the allegation. Priority I cases are responded to immediately and Priority II cases are responded to within 24 hours. This priority assignment will be used as a proxy for risk level to determine performance.



**Figure 1: Percentage of Investigations Initiated within 24 and 48 Hours as of January 31, 2007 (N=415)**



Source: CFSA administrative data

## 2. Investigation Completion

### *a. Amended Implementation Plan Requirement*

Investigations of alleged child abuse and neglect are to be completed within 30 days.

### *b. Benchmark and Current Performance*

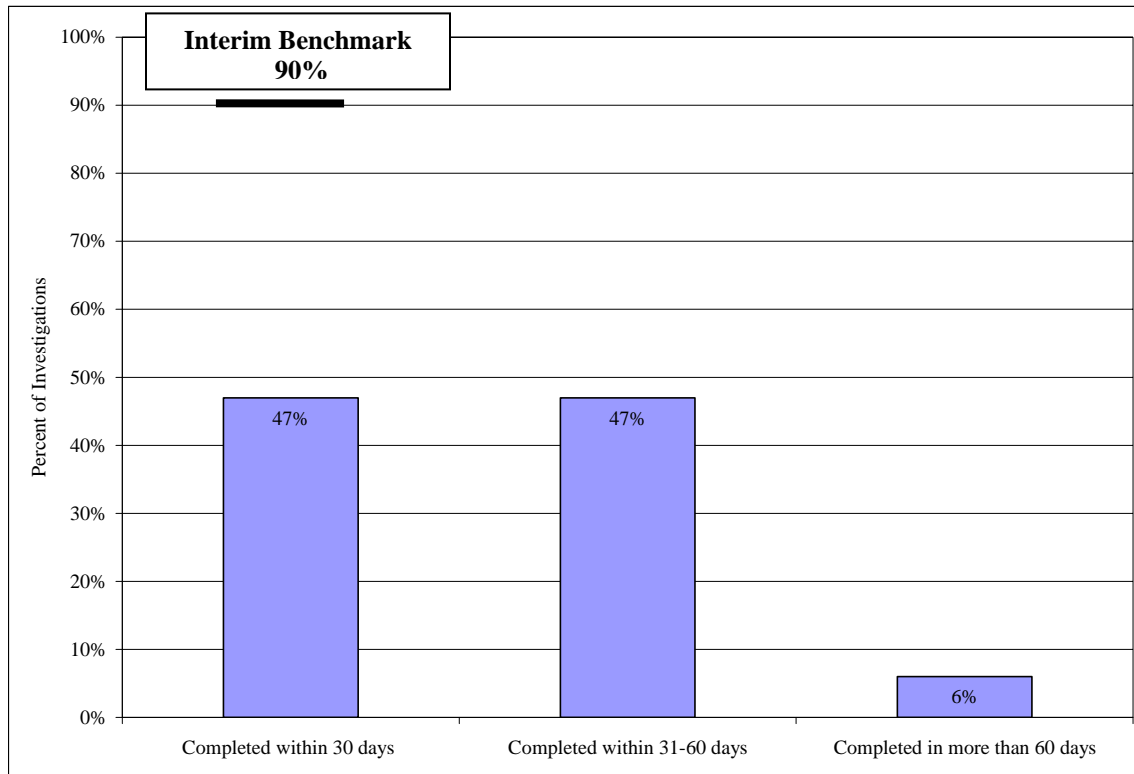
*Interim Benchmark: 90% of all investigations are to be completed within 30 days*

In January 2007, CFSA completed 367 investigations of abuse or neglect that did not occur in a foster home or institution. Of these 367 investigations, 173 (47%) were completed within 30 days. Of the remaining 194 investigations, 173 (47%) were completed between 31 and 60 days and 21 (6%) were completed in more than 61 days.

While the percentage of investigations completed within 30 days remains unacceptable, the total number of new investigations not complete within 30 days (known as the "backlog") has dropped significantly. CFSA and the Monitor closely track the backlog of investigations. During the month of April 2007 the backlog was at its highest point of 89 cases on April 29, with a range between 52 and 89 backlog cases throughout the month. This is tremendous improvement as the backlog was as high as 685 in June 2004 and 417 investigations in

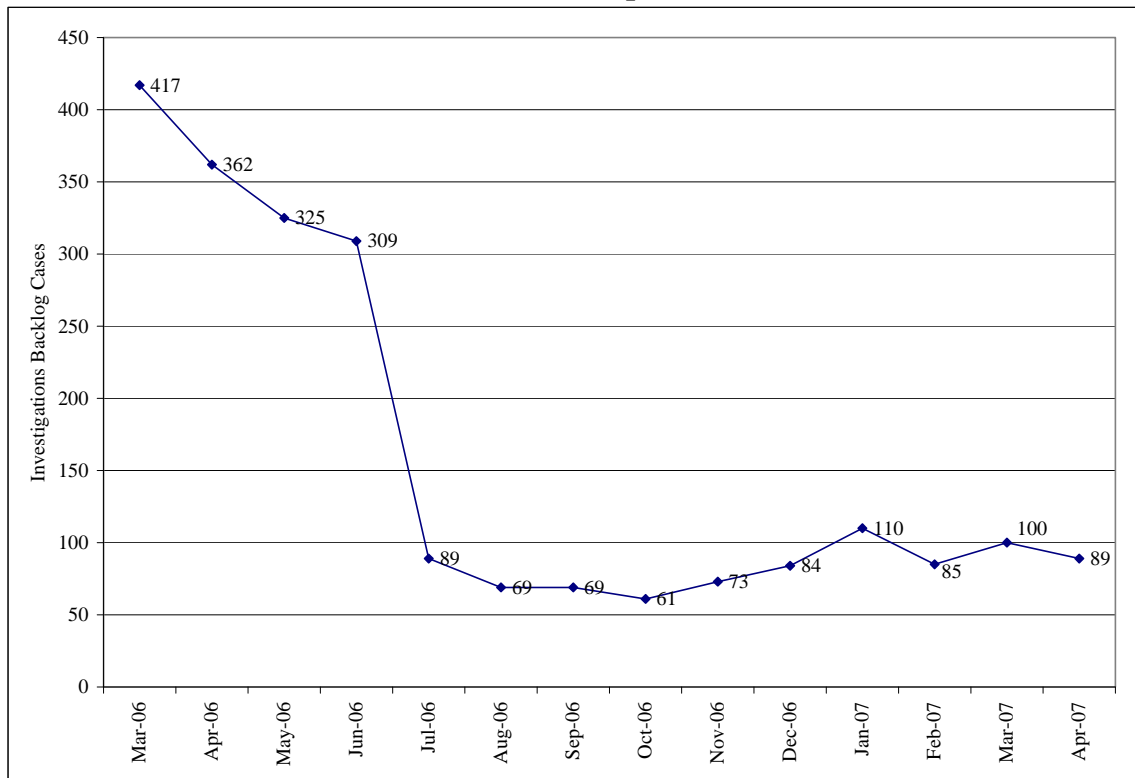
March 2006. CFSA added staff positions and established new management practices to accomplish this level of improved performance.

**Figure 2: Percentage of Investigations Completed within 30 Days  
as of January 31, 2007  
(N=367)**



Source: CFSA administrative data

**Figure 3: Investigations Backlog\***  
**March 2006 – April 2007**



Source: CFSA administrative data

\*Note: The data points represent each month's highest count of investigations open for 31 or more days.

### 3. Institutional Abuse and Neglect

#### *a. Amended Implementation Plan Requirement*

CFSA is required to comprehensively investigate reports of abuse and neglect in foster homes and institutions. Investigations related to alleged abuse and neglect in foster homes are to be completed within 30 days and investigations involving group homes, day care settings or other congregate care settings are to be completed within 60 days.<sup>4</sup>

#### *b. Benchmark and Current Performance*

*Interim Benchmark: 95% of institutional abuse allegations are to be investigated within the timeframes.*

In January 2007, CFSA completed a total of 10 investigations of reports of abuse and neglect in foster care and institutional settings. Of the 10 completed investigations, 7 (70%) were completed within 30 days and 3 (30%) were completed between 31 and 60 days. The current

<sup>4</sup> This modified AIP requirement now allows 60 days for completion of institutional investigations in group homes, day care centers and other congregate settings.

FACES report does not delineate if these allegations of abuse and neglect occurred in foster homes or congregate care settings.

***c. Additional Comments***

CFSA is making changes to this FACES management report to reflect the new AIP requirements related to institutional abuse and neglect investigations. The new FACES report will separately show the number of investigations completed in foster homes and the number completed in group homes, day care and other congregate settings. The Monitor expects this capacity to be in place in time for the Monitor's next report to the Court.

**4. Social Worker Visits to Families with In-Home Services**

***a. Amended Implementation Plan Requirement***

CFSA workers or qualified workers from a service provider authorized by CFSA are required to make twice-monthly visits to families in which there has been substantiated abuse or neglect, with a determination that each child can be maintained safely in the home with services. At least one visit per month is to be in the home, but the second can be at the child's school, day care or elsewhere. Workers are also responsible for assessing the safety of each child at every visit and each child must be separately interviewed outside of the presence of the caretaker at least monthly.<sup>5</sup>

***b. Benchmark and Current Performance***

*Interim Benchmark: 95% of families in which there has been substantiated abuse or neglect are to be visited monthly and 50% of families are to be visited twice monthly*

During January 2007, there were 2233 children in families receiving in-home services.<sup>6</sup> Of these 2233 children, 1672 (75%) children were visited at least once during the month and 792 (35%) children were visited twice or more. There were also 561 (25%) children receiving in-home services who were not seen at all during January 2007. (see Figure 4-A)

CFSA also provides comparative data regarding the performance of the private agencies (see Figure 4-B). Of the 2232 children receiving in-home services, 331 (15%) were provided services by the private agencies. Of these 331 children, 148 (45%) were seen once and 99 (30%) were seen twice in the month of January 2007. A full 55% of children receiving in-home services through the private agencies were not seen at all during January. As can be seen in Figure 4-C, there is wide variation in individual private agency performance on

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<sup>5</sup> The *LaShawn* requirement to assess safety at each visit and each child must be separately interviewed at least monthly outside the presence of the caretaker is a new requirement of the AIP but has been in CFSA policy for several years.

<sup>6</sup> Children in this category include a) families in which abuse and neglect has occurred but it has been determined that children can remain at home safely with services, b) children who have remained at home while a sibling(s) is placed in foster care and c) children who have returned home from foster care and "aftercare" services are being provided.

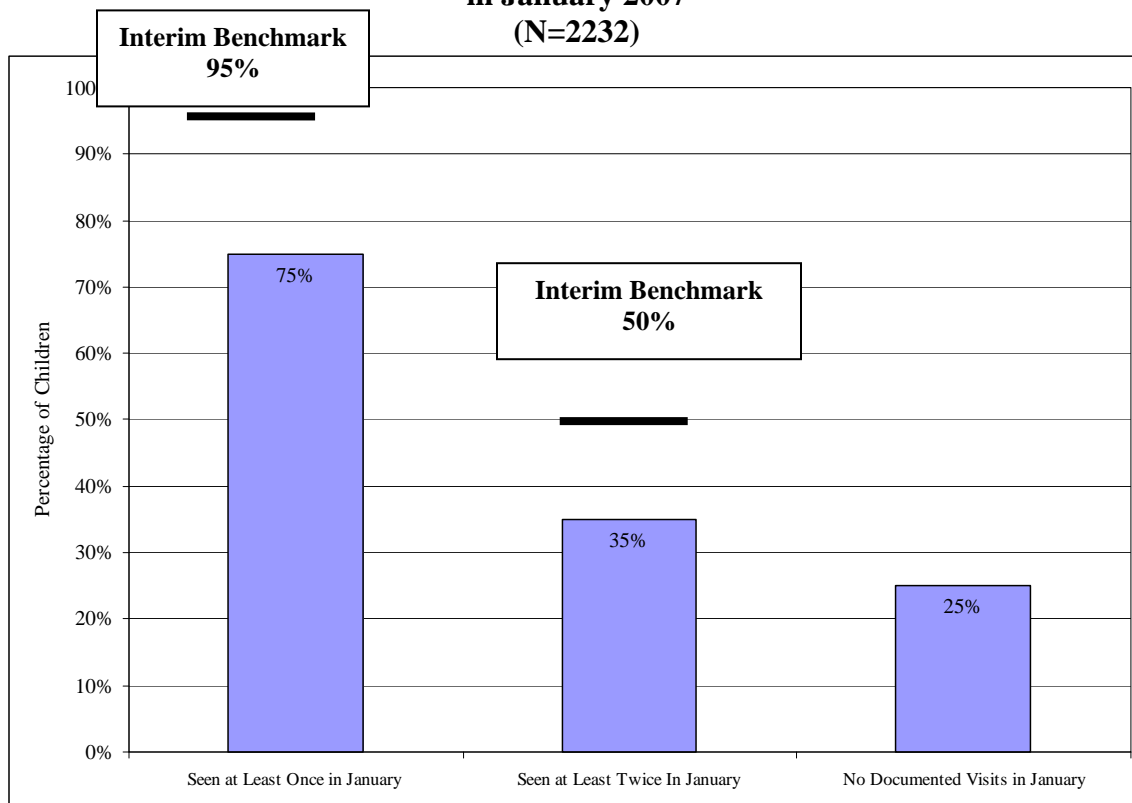
documented monthly social worker visits to children in families with in-home cases.

The high number of children with no documented visits during the month is a troubling finding. The Monitor believes the 561 children who received no documented visits should be prioritized for immediate attention.

**c. Additional Comments**

The requirements to assess the safety of each child at every visit and see each child outside the presence of the caretaker are new under the Amended Implementation Plan and methodology to determine performance in this area does not yet exist. CFSA and the Monitor are working to develop this methodology and the Monitor's next report will provide an update the performance data.

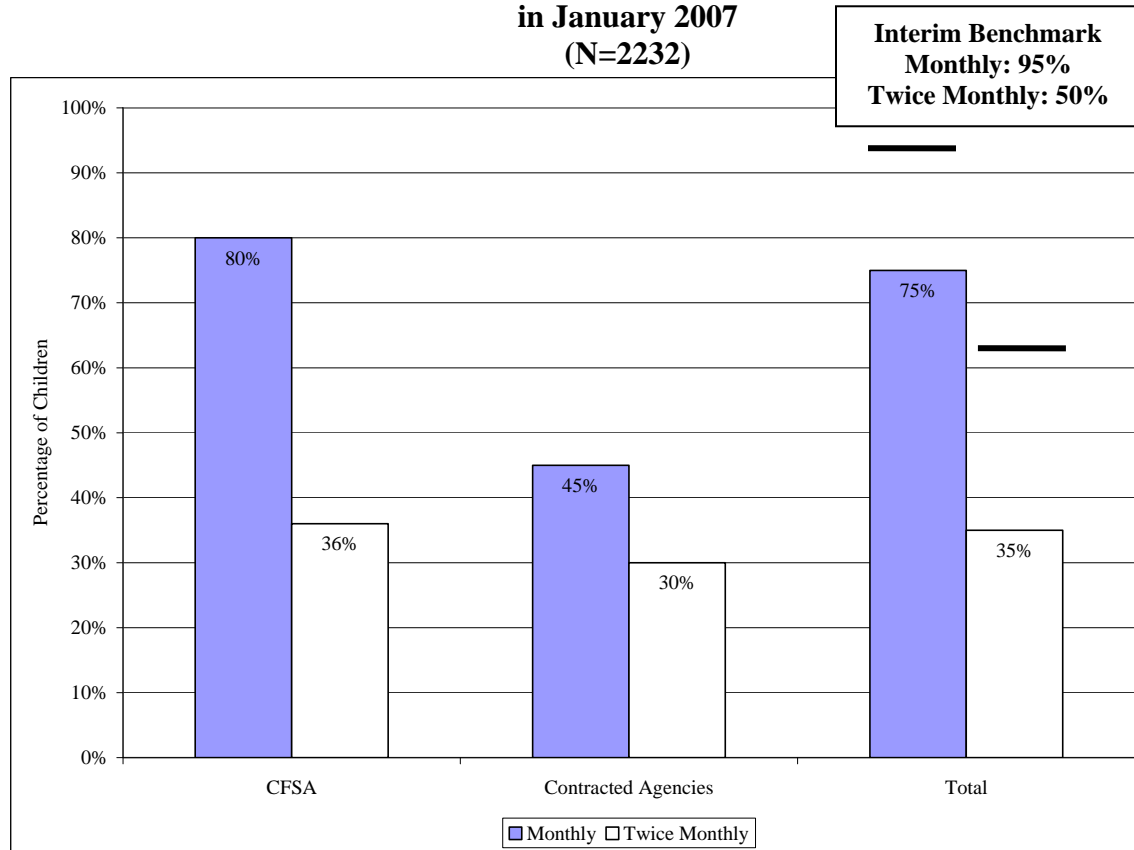
**Figure 4-A: Social Worker Visits to Children in Families with In-Home Cases\*  
in January 2007  
(N=2232)**



Source: CFSA administrative data

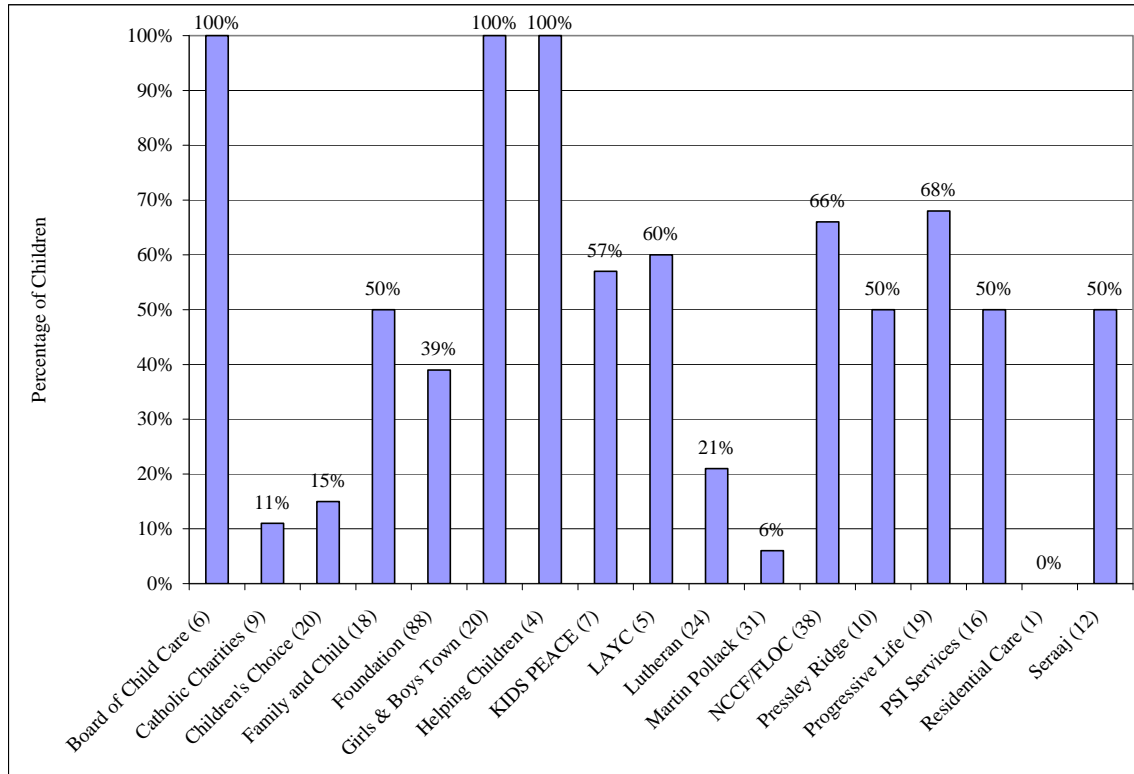
\*Note: Children visited at least twice are counted in both the "Seen at Least Once" and "Seen at Least Twice" categories.

**Figure 4-B: Comparative Data: CFSA and the Private Agencies  
Social Worker Visits to Children in Families with In-Home Cases  
in January 2007  
(N=2232)**



Source: CFSA administrative data

**Figure 4-C: The Private Agencies**  
**Monthly Social Worker Visits to Children in Families with In-Home Cases**  
**in January 2007\***  
**(N=321)**



Source: CFSA administrative data

\*Note: The LaShawn requirement is for twice monthly visitation. This figure shows monthly visitation.

## **5. Social Worker Twice Monthly Visits to Children in Out-of-Home Care**

### ***a. Amended Implementation Plan Requirement***

CFSA or contract social workers with case management responsibility are required to make twice-monthly visits to each child in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.). At least one visit per month is to be in the home, but the second can be at the child's school, day care or elsewhere.

### ***b. Benchmark and Current Performance***

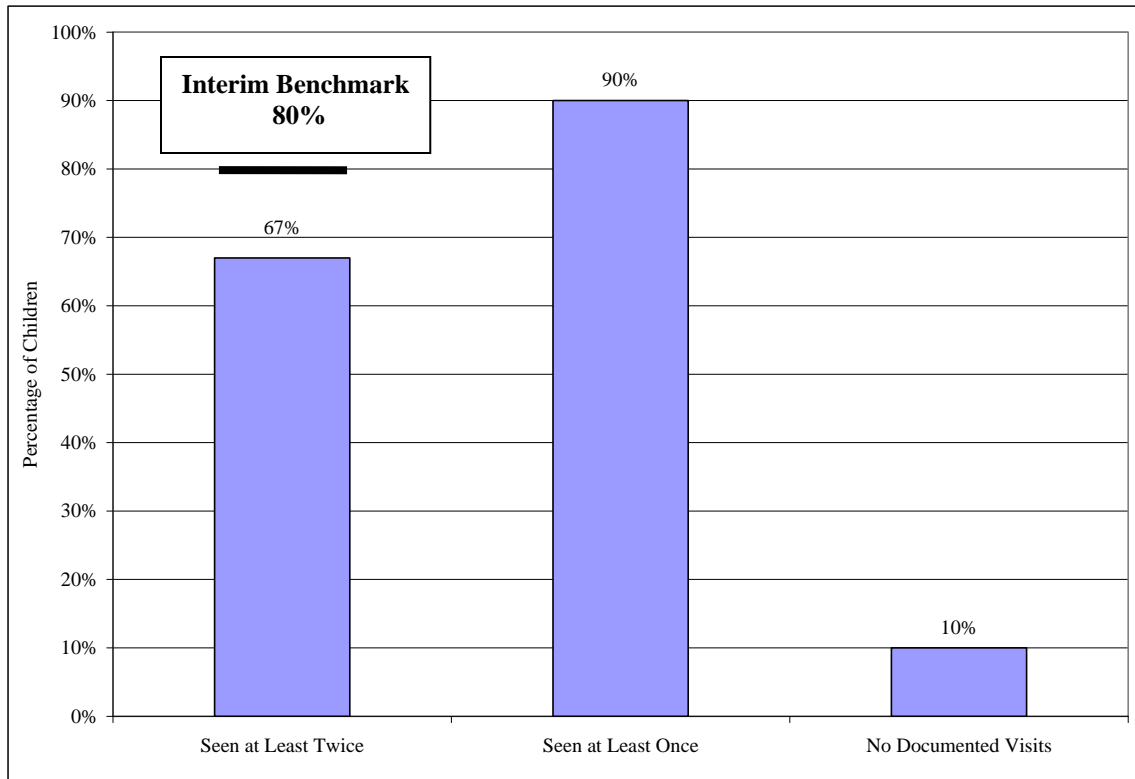
*Interim Benchmark: 80% of children in foster care are to receive twice monthly visits*

In January 2007, there were 2285 children in CFSA's custody placed in out-of-home placements. Of the 2285, there were 2132 children in foster care placed in D.C., Maryland and Virginia. Of these 2132 children, 1435 children (67%) received at least two visits and 1923 children (90%) were visited at least once during January 2007. There were 209 (10%) children for whom there was no documentation of any worker visits in January 2007. Agency performance for this requirement has shown steady increases in performance over time.

CFSA also has the capacity to report separately on the performance of the private agencies. In January 2007, 994 children were placed in out-of-home placements through the private agencies. Of these 994 children, 743 (75%) were visited at least twice and 885 (89%) children were visited at least once. In comparing performance of CFSA and the contract agencies, CFSA is not performing as well the contracted agencies in terms of visiting twice monthly with only 692 (61%) children having at least two visits in January 2007.



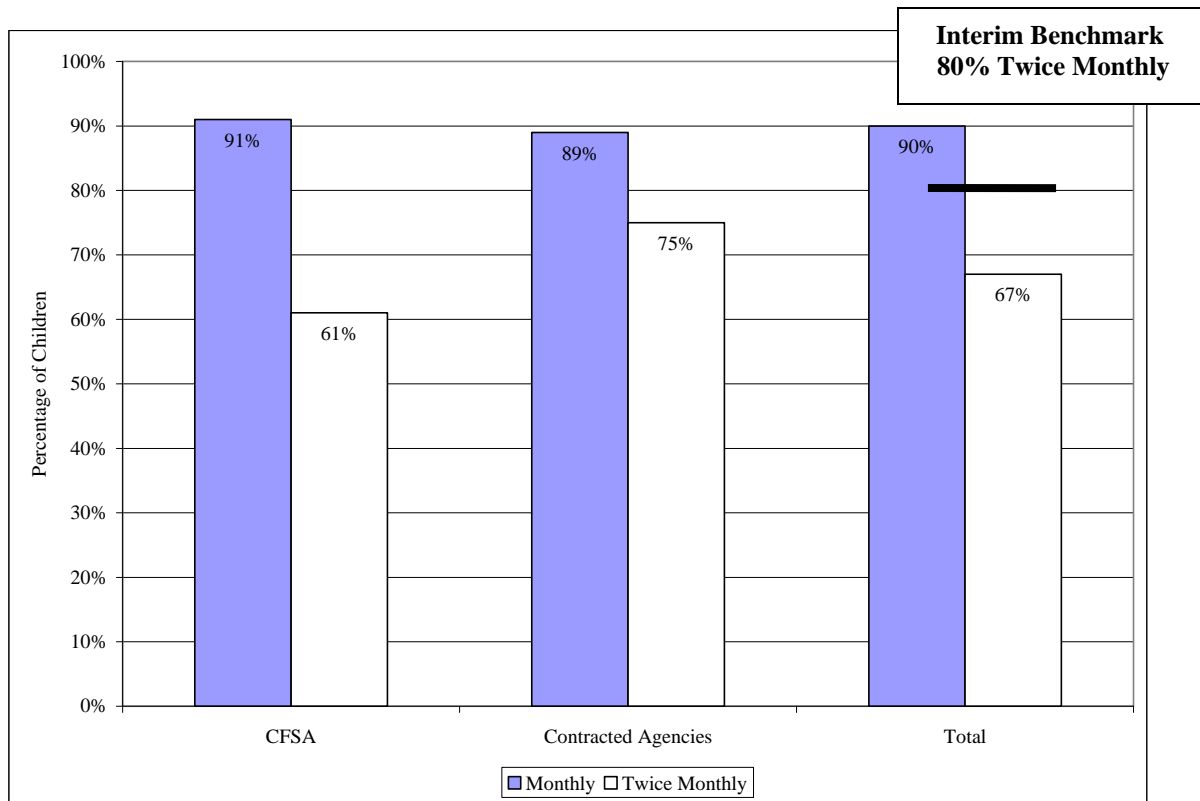
**Figure 5-A: Twice Monthly and Monthly Social Worker Visitation  
to Children in Foster Care in January 2007\*  
(N=2132)**



Source: CFSA administrative data

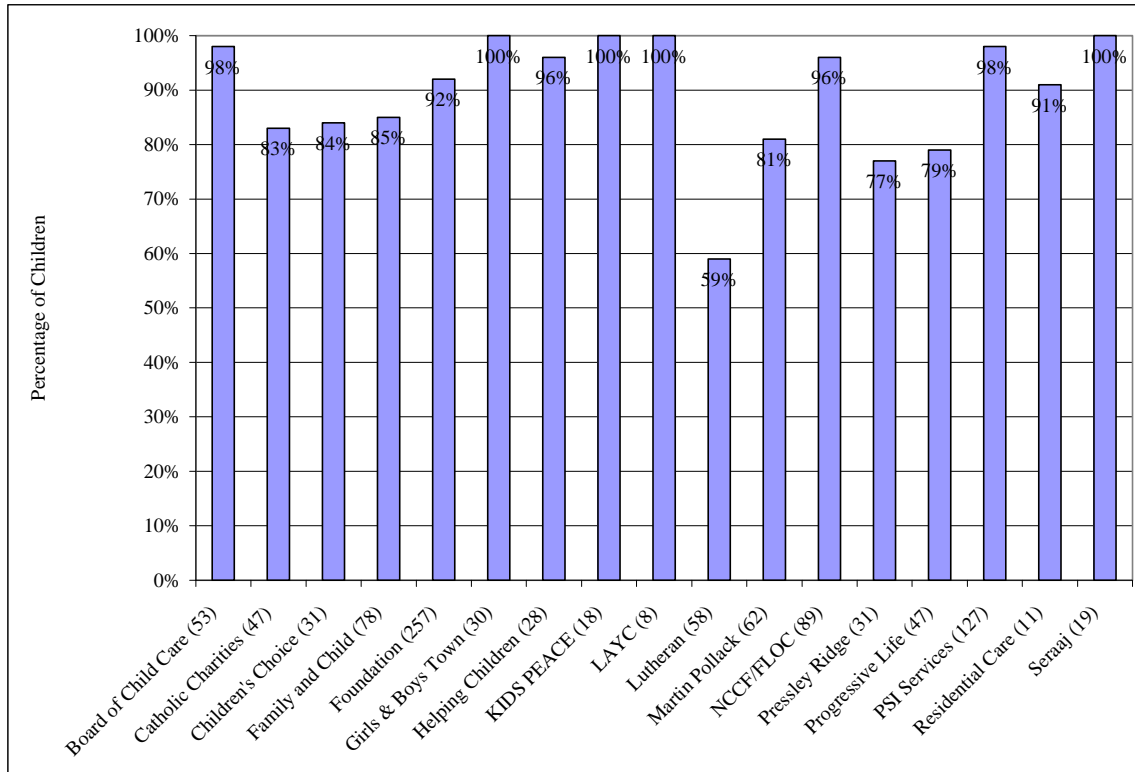
\*Note: Children visited at least twice are counted in both the “Seen at Least Once” and “Seen at Least Twice” categories.

**Figure 5-B: Comparative Data – CFSA and the Private Agencies**  
**Monthly and Twice Social Worker Visitation to Children**  
**in Foster Care in January 2007**  
**(N=2132)**



Source: CFSA administrative data

**Figure 5-C: The Private Agencies**  
**Monthly Social Worker Visitation to Children**  
**in Foster Care in January 2007\***  
**(N=994)**



Source: CFSA administrative data

\*Note: The LaShawn requirement is for twice monthly visitation. This figure shows monthly visitation.

## **6. Safety Assessment at Visits**

### ***a. Amended Implementation Plan Requirement***

CFSA and contract social workers are required to assess the safety of each child at every visit and to interview each child separately at least monthly outside of the presence of the caretaker. This requirement relates to children receiving in-home services and children in foster care.

### ***b. Benchmark and Current Performance***

This is a new requirement in the AIP and was not included in the 2003 Implementation Plan. No benchmark or methodology currently exists to determine performance in this area.

### ***c. Additional Comments***

CFSA's visitation policy has always included a requirement that safety assessments be completed during each home visit. The elevation of this requirement into the Amended Implementation Plan was recently discussed at an internal CFSA management meeting and plans are in place to highlight this requirement at the next all staff meeting. Additionally, the Monitor is working with CFSA to develop a methodology to measure how and when CFSA and contract agency workers will document their assessment of the safety of each child at every visit and interviews with each child separately at least monthly outside of the presence of the caretaker.

## **7. Social Worker Visits to Children Experiencing a New Placement or Placement Change**

### ***a. Amended Implementation Plan Requirement***

CFSA or contract agency social workers with case responsibility are required to make weekly visits during the first four weeks of placement and twice monthly visits thereafter to each child newly placed in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.) or moved to a new placement.

### ***b. Benchmark and Current Performance***

*Interim Benchmark: 80% of children are to be visited weekly during the first four weeks of placement and twice monthly thereafter (thus, 6 visits in the first 8 weeks of a new placement)*

In January 2007, there were 128 children who were in their first four weeks of a new placement. Of these 128 children, 75 (58%) received at least one visit for each week they were in care. CFSA is performing slightly better in visiting children with a replacement (63%) compared to visits to children who are newly placed in foster care (50%). It is particularly concerning that only half of children who are newly placed received a weekly visit from their social worker during their first month in foster care given the trauma children experience when they are removed from their parents, homes and communities and the importance of supporting the child's adjustment to the placement.

**Summary Chart 6 - Goal II-A: Child Safety**

Requirement	Interim Benchmark (from 2003 IP)	Status as of April 30, 2006	Status as of January 31, 2007	Direction of Change
<b>Benchmarks Not Achieved</b>				
Investigation initiation within 48 hours	90%	70%	71%	No Change
Investigation completion within 30 days	90%	39%	47%	Improved ↑
Foster Home investigation completion within 30 days	95%	76% completed within 30 days (combined group homes and foster homes)	70% completed within 30 days 30% completed within 60 days (combined group homes and foster homes)	Declined ↓
Group Home investigation completion within 60 days				
Twice-monthly visits to in-home families	50% 2x monthly 95% monthly	20% (2x) 61% (1x)	35% (2x) 75% (1x)	Improved ↑
Twice-monthly visits to children in out-of- home care	80%	48%	67% (90% received one visit)	Improved ↑

<b>Requirement</b>	<b>Interim Benchmark (from 2003 IP)</b>	<b>Status as of April 30, 2006</b>	<b>Status as of January 31, 2007</b>	<b>Direction of Change</b>
Weekly visits during first four weeks of placement	80%	33% weekly during first 8 weeks as required by 2003 Implementation Plan	58%	Improved ↑
<b>Benchmarks Not Measured</b>				
Use of screening tool			Forthcoming CPS Evaluation	
Use of risk assessment protocol			Forthcoming CPS Evaluation	
Full and systematic analysis of family's situation and risk factors			Forthcoming CPS Evaluation	
Appropriate interviews with collateral contacts and all children			Forthcoming CPS Evaluation	
Documentation of good faith efforts			Forthcoming CPS Evaluation	
Medical and mental health evaluations to complete investigation			Forthcoming CPS Evaluation	
Investigate relative resources			Forthcoming CPS Evaluation	
Safety assessment at every in-home visit, foster care visit, and new placement visit			Methodology under development	

## B. Goal: Permanency

Foster care is designed as a temporary option for children while efforts are made to reunite them with their family of origin or find a permanent family with whom they can remain connected throughout their childhood and into adulthood. Efforts to provide permanent families for children must be expedited to conform to Adoption and Safe Families Act timelines as well as to ensure that children do not linger in foster care. In 2006, 808 children achieved permanency through reunification, adoption or guardianship. There were 2309 children in foster care at the end of 2006.

The percent of children and families achieving reunification increased to 43% in 2006 up from 41% in 2005. In 2006, 63% of children who reunified with their parents did so within 12 months. Overall, 79% of exits from foster care were through reunification, adoption or guardianship. Additionally, the time it takes to achieve positive permanency has decreased since 2001 and this trend continued between 2005 and 2006. Exits from foster care within 12 months increased to 39% in FY2005 up from 33% in FY2004.

The three tables below show the number of children served by CFSA, the children exiting to permanency and their length of stay in foster care, and the length of time to positive permanency outcomes in 2005 and 2006.

**Table 7: Number of Children Served by CFSA in Early 2007**

Type of Case	Number of Children Served
Active In-Home Cases	2315 (January) (1924 in-home children + 391 children remaining in home while their siblings are in care)
Active Out-of-Home Cases	2323 (January)
Adoption Subsidy	2434 (March)
Guardianship Subsidy	705 (March)
Grandparent Subsidy*	423 (March)
<b>Total</b>	<b>~8200</b>

Source: CFSA Administrative Data

\*Note: The Grandparent Subsidy is provided to grandparents who are the primary caretakers of their grandchildren. This is a prevention program funded through the Council of the District of Columbia as these children are not formally known to the child welfare system.

**Table 8: Children Exiting Foster Care by Type of Exit and Length of Stay in Care  
January to December 2006 (2005 data in parentheses)**

<b>Length of Stay in Care</b>	<b>Number and Percent of Exits</b>	
3 months or less	150	15%
4 to 6 months	66	6%
7 to 12 months	83	8%
13 to 24 months	161	16%
2 to 5 years	302	30%
5 to 10 years	190	19%
10 or more years	71	7%
<b>Total</b>	<b>1023</b>	
<b>Type of Exit</b>	<b>Number and Percent of Exits</b>	
Reunification & children living with relatives	435 (497)	43%
Adoption	196 (281)	19%
Guardianship	177 (209)	17%
Emancipation	182 (197)	18%
Other	33 (32)	3%
<b>Total</b>	<b>1023(1216)</b>	
<b>Total number of children in foster care at the end of the year</b>	<b>2309 (2588)</b>	

Source: CFSA administrative data

**Table 9: Time to Permanency for Reunification, Adoption and Guardianship\*  
2005 and 2006**

	<b>Permanency Goal</b>					
	<i>Reunification</i>		<i>Adoption</i>		<i>Guardianship</i>	
<i>Number of Months to Achieve Goal</i>	2005	2006	2005	2006	2005	2006
6 months	10	4	0	0	0	0
12 months	15	16	1	0	0	1
18 months	21	31	3	1	3	2
24 months	9	17	3	6	3	5
More than 24 months	44	32	94	93	94	92
<b>Total Cases Closed in Court</b>	215	284	279	197	218	192
<i>Median Time to Achieve Goal (yrs)</i>	1.6	1.5	5.0	3.9	4.4	3.5
<i>Average Time to Achieve Goal (yrs)</i>	2.6	2.1	5.4	5.1	4.9	4.1

Source: Family Court, Superior Court of the District of Columbia

\*Note: The numbers of cases in the two tables above do not match due in part to different counting methodologies at the Family Court and CFSA. Additionally, both the Family Court and CFSA can keep a case open for services or monitoring after the other agency has closed it. For example, there are 435 children who achieved permanency through reunification in 2006 but only 284 of those children's court cases were closed in 2006. CFSA counts reunifications when a child returns home with continued supervision and the Court does not count them as a reunification until the aftercare has ended. Children may also come in and out of foster care during the aftercare period and each of these reunifications would be counted by CFSA and not the Court.



### *Children in Foster Care*

On January 31, 2007, there were 2285 children in foster care. The percentage of children age 12 and over entering foster care and the overall percentage of older children in foster care are increasing. In December 2002, children age 12 and older were just under half the caseload but by December 2006 children age 12 to 21 were 62% of the caseload.<sup>7</sup> The table below shows the demographics of children in foster care as of January 31, 2007.

**Table 10: Demographics of Children in Foster Care  
as of January 31, 2007**

<b>Gender</b>	<b>Number</b>	<b>Percent</b>
Female	1110	49%
Male	1175	51%
<b>Total</b>	<b>2285</b>	<b>100%</b>
<b>Age</b>	<b>Number</b>	<b>Percent</b>
1 year or less	135	6%
2-5 years	284	12%
6-12 years	554	24%
13-15 years	441	19%
16-17 years	424	19%
18-21 years	447	20%
<b>Total</b>	<b>2285</b>	<b>100%</b>
<b>Placement Type</b>	<b>Number</b>	<b>Percent</b>
Family-based Foster Care	1667	73%
Residential Treatment	116	5%
Congregate and Independent Living	328	14%
Other (incarceration, hospital, other treatment setting)	174	8%
<b>Total</b>	<b>2285</b>	<b>100%</b>

Source: CFSA administrative data

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<sup>7</sup> Testimony of Child and Family Services Agency at its February 15, 2007 Performance Oversight Hearing.

## **1. Placement of Children in Most Family-like Setting**

### ***a. Amended Implementation Plan Requirement***

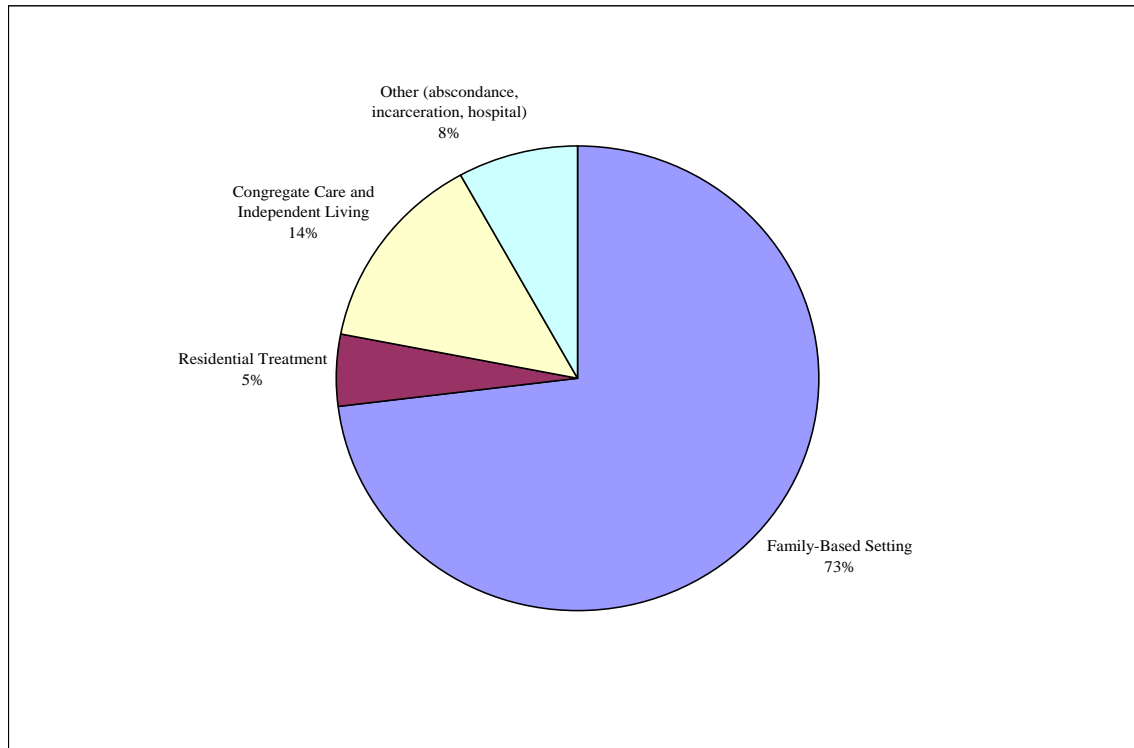
CFSA is required to place children in foster care in the least restrictive, most family-like setting appropriate to his or her needs.

### ***b. Benchmark and Current Performance***

*Interim Benchmark: 80% of children in out-of-home placement are to be placed in the least restrictive, most family-like settings appropriate to his or her needs*

As of January 31, 2007, there were 2285 children in out-of-home placement. Of the 2285 children, 1667 (73%) were in family-based settings. There are 116 children (5%) who are in residential treatment facilities. These placements are used for those children who need a highly specialized level of care and cannot currently reside in a family-based setting. To be placed in a residential treatment center, the child and family's current situation is reviewed and discussed at a Systems of Care Family Team Meeting to determine whether a more restrictive placement in residential treatment center is warranted. If that determination is made, a psychiatrist at the Department of Mental Health must also agree before a Certificate of Medical Need is issued. In those instances where a determination is made that residential is not appropriate, alternative community-based placements and services are identified by the team. Given this level of oversight prior to a residential placement, the Monitor finds that a total of 78% of children reside in the least restrictive, most family-like setting according to their needs, however, additional review by the Monitor of children in residential treatment will be conducted. There are 328 children (14%) in congregate care and independent living programs and 175 (8%) children in other types of settings such as college, hospitals, correctional facilities, substance abuse treatment or on abscondance. For some of these children, such as those in college or in a hospital, the placement may be appropriate and the Monitor will be working with CFSA to more precisely report these data. There were 49 children in foster care on abscondance as of January 31, 2007.

**Figure 11: Percentage of Children by Placement Type  
as of January 31, 2007**



Source: CFSA administrative data

## **2. Children in CFSA's Intake Center**

### ***a. Amended Implementation Plan Requirement***

No child is to stay overnight in the CFSA Intake Center or office building.

### ***b. Benchmark and Current Performance***

*Interim Benchmark: No child is to stay overnight in the CFSA Intake Center.*

CFSA reports that no child had stayed overnight in the CFSA Intake Center or any CFSA office building in the past year. The current protocol is that CFSA must contact the Monitor any time a child spends the night in the Intake Center. The Monitor has received no notification of children spending the night and at the recent Council of the District of Columbia CFSA Oversight hearing, CFSA testified that no child has spent the night at the Intake Center. During this year, CFSA has maintained its gains in ensuring that children are not waiting in the office space while awaiting placement.

### **3. Emergency Placements**

#### ***a. Amended Implementation Plan Requirement***

No child is to remain in an emergency, short-term, or shelter facility or foster home for more than 30 days.

#### ***b. Benchmark and Current Performance***

*Interim Benchmark: No more than 25 children are to remain in an emergency, short-term, or shelter facility or foster home for more than 30 days.*

As of January 31, 2007, 16 children remained in an emergency placement for more than 30 days. Eight of these children were in an emergency placement for over 91 days.

#### ***c. Additional Comments***

The Monitor reviewed data related to 6 of the 8 children in emergency placement for over 91 days. All of these children have now been placed in non-emergency settings. Two children are siblings and the extended stay was in part an effort to keep them together – they were later placed together at a group home. One child was held in the emergency placement at the request of the *guardian ad litem* while the child's adult sibling attended foster parent classes; unfortunately, the sibling decided not to become a placement resource and the child was moved to another setting. The remaining three children were placed in other group homes after extended stays in emergency care.

### **4. Children Under 12 in Congregate Care**

#### ***a. Amended Implementation Plan Requirement***

CFSA is required to ensure that children under the age of 12 are not placed in congregate care settings for more than 30 days unless the child has special treatment needs that cannot be met in a home-like setting and unless the setting has a program to treat the child's specific needs.

#### ***b. Benchmark and Current Performance***

*Interim Benchmark: No more than 20 children under the age of 12 are to be placed in congregate care settings for more than 30 days.*

As of January 31, 2007, 9 children under 12 years of age had been placed in a congregate care setting for greater than 30 days. This is significant improvement and reflects the Agency's work to avoid using congregate care placements for young children.

***c. Additional Comments***

The Monitor reviewed data on 7 of these 9 children to assess the delays in moving them from congregate care. All seven have left St. Ann's Infant and Maternity Home. Three have been reunified with their parents and several had special physical or cognitive needs. Arranging school transportation once a resource parent was identified held up the placements for two children.

**5. Children Under 6 in Congregate Care**

***a. Amended Implementation Plan Requirement***

CFSA is not to place any children under six years of age in a group care non-foster home setting, except for those children with exceptional needs that cannot be met in any other type of care.

***b. Benchmark and Current Performance***

*Interim Benchmark: No more than 5 children under the age of 6 are to be placed in a group care non-foster home setting.*

On January 31, 2007, 5 children under the age of 6 were placed in congregate care facilities. CFSA uses St. Ann's Infant and Maternity Home as the emergency placement setting when foster families cannot be located, especially for large sibling groups, or relative placements are not easily accessed due to ICPC requirements. During January, February and March, CFSA placed 8 children under the age of 6 in St. Ann's Infant and Maternity Home. CFSA reports it uses St. Ann's for children under the age of 6 primarily to keep sibling groups together when a family setting that can accommodate the siblings is not available. In reviewing CFSA's daily placement logs, the Monitor has determined that while the majority of young children placed at St. Ann's are part of a sibling group, some children under 6 without siblings are placed into congregate care. Importantly, CFSA is well within the range to completely eliminate the practice of placing children under age 6 in congregate care and should take the necessary steps to do so this year.

**6. Visits Between Parents and Workers**

***a. Amended Implementation Plan Requirement***

For children with a permanency goal of reunification, in accordance with the case plan, the assigned worker or designated family services provider is to meet with the parent(s) no less frequently than twice a month in the first three months post-placement unless there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.

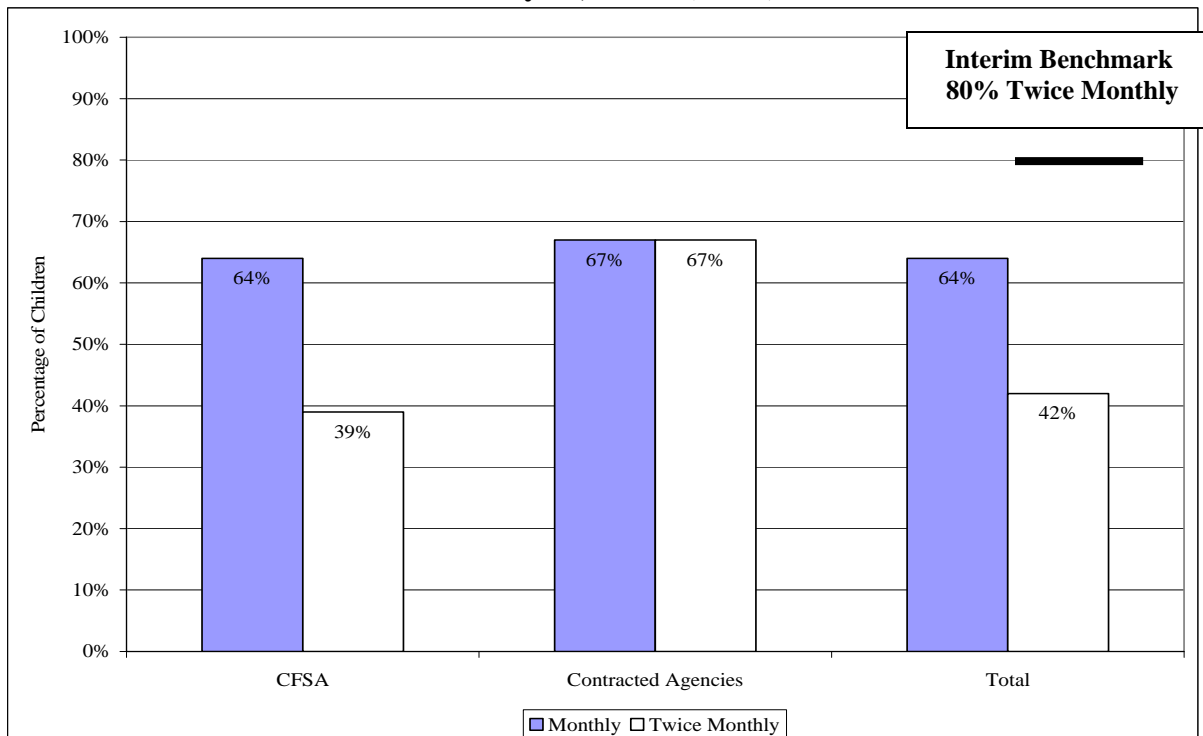
**b. Benchmark and Current Performance**

*Interim Benchmark: 80% of parents are to be visited by the social worker or family services provider no less frequently than twice a month*

In January 2007, there were 39 children with a goal of reunification who had been placed into foster care within the past three months and remained in care as of January 31, 2007. There were 36 parents identified for these 39 children. Of the 36 parents, 15 (42%) received two or more visits from a social worker during the month of January. Sixty-four percent (64%) of parents received a monthly visit.

The data on this measure likely undercount the number of parents for whom visits should have occurred. Children who entered care in the last three months and remained in care as of January 2007 are counted in this measure and it is likely that some of these children's permanency goals have not yet been entered into FACES. The Monitor is working with CFSA to determine the number of children shown in FACES with no permanency goal, so that it will be possible to accurately assess performance on social workers' visits with their families.

**Figure 12: Visits Between Social Workers and the Parents of Children with a Goal of Reunification who Entered Care within the Past Three Months and Remained in Care as of January 31, 2007\* (N=36)**



Source: CFSA administrative data

\*Note: The Monitor believes these data undercount the number of children and parents applicable for review.

## **7. Weekly Visits Between Parents and Children with Goal of Reunification**

### ***a. Amended Implementation Plan Requirement***

CFSA is to provide weekly visits between parents and children with a goal of reunification unless clinically inappropriate and approved by the Family Court. In cases in which visitation does not occur, the Agency is to demonstrate and there shall be documentation in the case record that visitation was not in the child's best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it

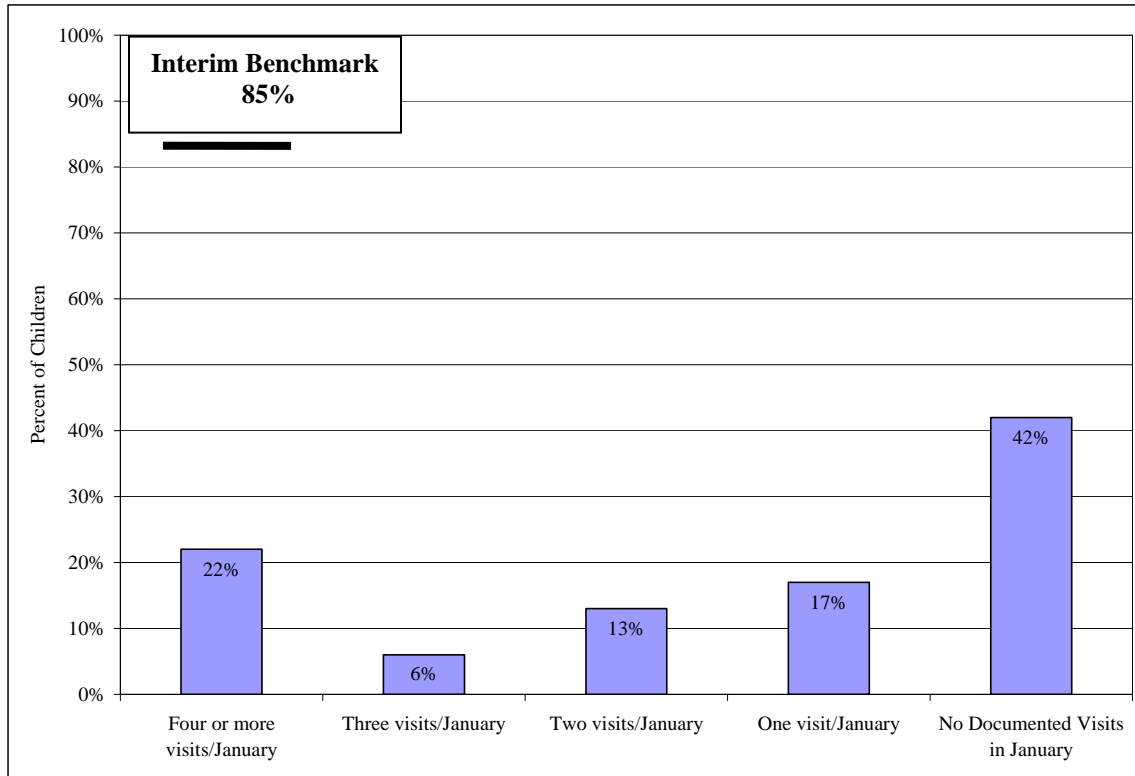
### ***b. Benchmark and Current Performance***

*Interim Benchmark: 85% of children and their parents are to have weekly visits when the goal is reunification*

As of January 31, 2007, there were 527 children in foster care with a permanency goal of reunification. Of these, 464 children are applicable for this measure as some visits between parents and children have been suspended or children were in abscondance for the entire month; 104 children (22%) had four or more visits in January 2007. While there has been improvement since the last monitoring report when 13% of children had weekly visits with their parents, this level of performance remains far short of the requirement and is an area in need of immediate attention. It is essential for children to maintain frequent and meaningful contact with their parents in order to achieve successful reunification.

For the remaining 362 children, 28 (6%) had three visits, 62 (13%) had two visits, and 77 (17%) had one visit with their parents during January 2007. There were 193 (42%) children for whom there was no documentation that they had any visits with their parents in January 2007. CFSA is working on a methodology for this measure that will account for those cases in which there is documentation of a parent canceling a visit, failing to show, parent-child visits are suspended due to a Family Court order or with Court approval, and when children are in abscondance for the entire month.

**Figure 13: Visits Between Children and Parents in January 2007  
When the Goal is Reunification\*  
(N=464)**



Source: CFSA administrative data

\*Note: These data likely over count the number of children and parents applicable for this measure as the cases where the Family Court has approved a suspension of visits are included. The percentage of cases in which there are no documented visits will likely be reduced as more sensitive measurement methodology is available.

## 8. Appropriate Permanency Goals

### *a. Amended Implementation Plan Requirement*

CFSA is required to ensure that children have permanency planning goals consistent with the Federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines.

### *b. Benchmark and Current Performance*

*Interim Benchmark: 90% of children are to have appropriate permanency planning goals*

The Adoption and Safe Families Act establishes acceptable permanency goals as reunification, adoption, guardianship and alternative planned permanent living arrangement (APPLA). Of the 2285 children in foster care, 1957 (86%) have these goals.



***c. Additional Comments***

The Monitor is concerned about the high number of children (669/29%) with a goal of APPLA, which is often used for adolescents who are deemed unlikely to be adopted or achieve permanence through guardianship or return home. There are 84 children under the age of 16 with APPLA as their permanency goal. This use of APPLA for children under 16 and the high use of the APPLA goal for children over 16 will need to continue to be addressed given the critical importance of permanency for every child, particularly given the increased number of children twelve and older entering foster care. CFSA, the Office of the Attorney General, and the Family Court in collaboration with the Monitor has issued a white paper on guidelines for determining the appropriate use APPLA. The paper states: “The goal of APPLA shall not be recommended for any child under the age of 16. In rare cases, with documented special circumstances, the goal may be recommended for a child as young as age 14, or younger only if needed to preserve placement of a sibling group together.”

Additionally, there are 73 children with an unacceptable goal of reunification as the parent has relinquished parental rights, had parental rights terminated or had three additional substantiated referrals.<sup>8</sup> There are 132 children with no documented permanency goal. The following tables provide data regarding permanency goals for children in foster care and the characteristics children with a permanency goal of APPLA on January 31, 2007.

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<sup>8</sup> The MFO states that a goal of reunification is inappropriate if a parent has relinquished parental rights, had parental rights terminated or has been found guilty of repeated serious abuse or neglect of the child or siblings such that termination of parental rights is appropriate. Currently, CFSA is counting reunification as an unacceptable goal if there have been three substantiated referrals. This over counts children in this category. The Monitor is working with CFSA to make appropriate adjustments. As a result, the percentage of children with appropriate permanency goals is slightly higher than reported here.

**Table 14: Permanency Goals for Children in Foster Care  
January 31, 2007**

<b>Permanency Goals</b>	<b>Number</b>
<i>ASFA Goals</i>	
Reunification	454
Adoption	520
Guardianship	314
APPLA	669
<b><i>Sub-total</i></b>	<b>1957 (86%)</b>
<i>Unacceptable Goals</i>	
Reunification with a parent who has a TPR, relinquishment or 3 substantiated referrals*	73*
Legal Custody	4
Long Term Foster Care	4
Independent Living	114
Relative Placement	1
No Goal	132
<b><i>Sub-total</i></b>	<b>328 (14%)</b>
<b>Total</b>	<b>2285</b>

Source: CFSA administrative data

\* Note: CFSA is counting reunification as an unacceptable goal if there have been three substantiated referrals, a stricter standard than the MFO. This over counts children in this category. The Monitor is working with CFSA to make appropriate adjustments. As a result, the percentage of children with appropriate permanency goals is slightly higher than reported here.

**Table 15: Children with a Permanency Goal of APPLA  
January 31, 2007**

<b>Age Group</b>	<b>Number of Children</b>
Under 14 years	17
14-15 years	67
16+ years	584
Missing Birth Date	1
<b>Total Children with APPLA Goal</b>	<b>669</b>
<b>Age Group</b>	
<b>Number of Children</b>	
9 years	1
10 years	1
11 years	4
12 years	4
13 years	7
<b>Total Children under 14</b>	<b>17</b>

Source CFSA administrative data

## **9. Reduction of Multiple Placements for Children in Care**

### ***a. Amended Implementation Plan Requirement***

The Amended Implementation Plan includes new standards for reducing multiple placements for children in foster care that measure placement instability in ways that more closely match the Federal government's Child and Family Services Review outcome measurements. The requirements are as follows:

- Of all children served in foster care during the fiscal year (2007 and subsequent years), and who were in care at least 8 days and less than 12 months, 88% are to have two or fewer placements.
- Of all children served in foster care during the fiscal year (2007 and subsequent years), and who were in care for at least 12 months but less than 24 months, 65% are to have had two or fewer placement settings.
- Of all children served in foster care during the fiscal year (2007 and subsequent years), and who were in care for at least 24 months, 50% are to have had two or fewer placements since October 1, 2004 or entry into care (if entry was after October 1, 2004).

Performance on these measures will occur after the completion of FY 2007.

### ***b. Additional Comments***

Multiple placements for children in foster care through CFSA continue to be a significant problem. The data that are available based on the previous monitoring methodology suggest that there has been little change in the percentage of children experiencing multiple placements. CFSA is currently developing new FACES reports based on the methodology stated above to report on placement stability. Additionally, there remain problems in FACES regarding how each placement move is counted, which in some cases leads to an over counting of placement moves and in others an under counting. The Monitor will be working with CFSA to rectify these issues. The next monitoring report will have information related progress made in this critical area of performance.

## **10. Foster or Adoptive Parent Approval within 120 Days**

### ***a. Amended Implementation Plan Requirement***

CFSA is required to have in place a process for recruiting, studying and approving families interested in becoming foster or adoptive parents that results in the necessary training, home studies, and decisions on approval being completed within 120 days of beginning training.

### ***b. Benchmark and Current Performance***

*Interim Benchmark: 85% of prospective foster and adoptive parents will have a decision regarding licensure within 120 days of beginning training*

Data are not available from CFSA related to this requirement.

***c. Additional Comments***

The Monitor believes new efforts are needed within CFSA to track the experience of all potential foster parents and the on-going foster parent population. The process and data collection for recruiting, training and licensing foster parents varies depending on which agency is responsible. CFSA completes these activities in one way for its homes and the private agencies complete these processes in individualized ways for their homes. Much of the data is manually tracked in various forms across the private agencies and is different from the tracking system CFSA is using thereby making centralized tracking and monitoring complex given the disjointed efforts currently in place.

It is critical that the child welfare system effectively recruit, license, retain and track its foster parent population. The Monitor is working with CFSA to develop better tracking mechanisms has provided national models for possible replication. It is anticipated that new processes will be in place by July 1, 2007.

**11. Foster or Adoptive Parent Training within 30 Days of Inquiry**

***a. Amended Implementation Plan Requirement***

CFSA is required to ensure training opportunities are available so that interested families may begin training to become foster or adoptive parents within 30 days of inquiry.

***b. Benchmark and Current Performance***

The Monitor has reviewed the foster and adoptive pre-service training calendars for 2006 and 2007. The CFSA and the private agencies offer generous training schedules throughout the year with more limited offerings during the month of December. Various schedules of training classes are available each month to include evening and weekend options to allow potential foster and adoptive parents to begin training within 30 days of inquiry. In some instances, potential foster parents who have signed on with a private agency may have to wait slightly longer than the 30 days given the curriculum being used.

**12. Legal Action to Free Children for Adoption**

***a. Amended Implementation Plan Requirement***

CFSA is required to ensure that children with a permanency goal of adoption have legal action initiated to free them for adoption within 45 days of their permanency goal becoming adoption.

***b. Benchmark and Current Performance***

*Interim Benchmark: 75% of children with a permanency goal change of adoption are to have legal action to free them for the adoption within 45 days*

Between July and December 2006, 113 children had a permanency goal change to adoption. Of these 113 children, 69 (61%) had legal action to free them for adoption within 45 days. It

appears the Agency's performance improved significantly in the last three months of the year. When looking only at the 48 children whose permanency goal changed to adoption between October and December 2006, 36 (75%) of these children had legal action to free them for adoption within 45 days.

***c. Additional Comments***

There have been problems with the FACES system capturing data related to legal action. According to CFSA, the Assistant Attorneys General representing CFSA are responsible for entering information related to this requirement into FACES but FACES is not adequately retaining the information. The above data were provided by the Agency from a manual review of all children with a permanency goal change to adoption in the last six months of 2006. The Monitor has indicated to CFSA that this data must be provided on a regular basis.

A unit of five attorneys is responsible for filing TPRs for the Agency. This unit is fully staffed and the five attorneys have caseloads in a range between 50 and 62 cases (a low caseload in comparison to the attorneys carrying pre- and post-disposition cases). It is unclear to the Monitor if the appropriate staffing level or management processes are in place to take the needed legal action in required timeframes to move children to permanency. Efforts need to be made jointly by CFSA and the Office of the Attorney General to determine what additional resources or steps are needed to meet this requirement.

**13. Placement of Children in Adoptive Homes within 9 Months of Goal Change to Adoption**

***a. Amended Implementation Plan Requirement***

CFSA is required to ensure that children with a permanency goal of adoption are placed in an approved adoptive home within nine months of their goal becoming adoption.

***b. Benchmark and Current Performance***

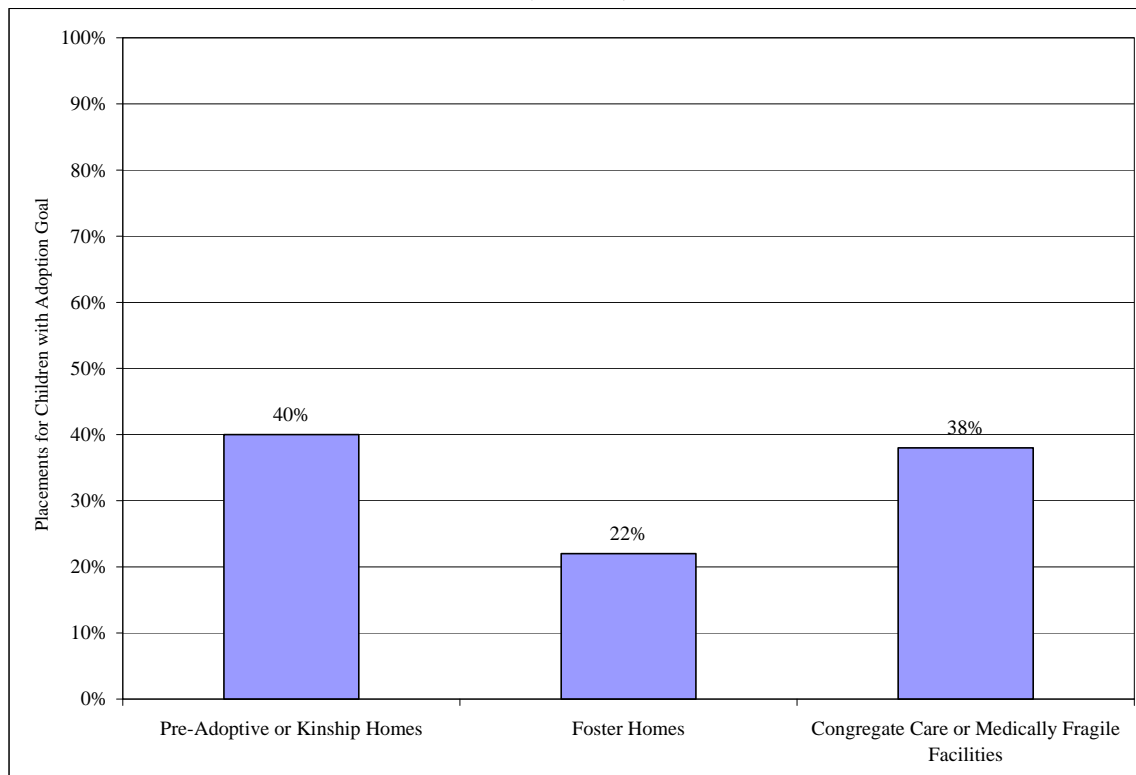
*Interim Benchmark: 85% of children whose goal had changed to adoption are to be in an approved adoptive placement within nine months of the goal becoming adoption*

To determine timeliness of pre-adoptive placement, the Monitor reviews data for children whose permanency goal was changed to adoption nine months ago. There were 17 children whose permanency goal was changed to adoption in May 2006. Of these 17 children, 5 (29%) were in an adoptive placement by January 31, 2007. The Monitor also asked the Agency to provide data on all of the children with a goal change to adoption in the first six months of 2006 and the percentage of those children in a pre-adoptive placement within 9 months is the same, 29% (23 of 79 children). This is a significant drop from the performance reported in the last monitoring report when 50% of children (5 of 10 children with a goal change adoption in August 2005) were in a pre-adoptive within 9 months of the goal change. It is clear to the Monitor that performance on this measure can be quite variable from month to month and it is necessary to look both at monthly performance and performance over a

longer period of time to determine how well the Agency is moving children to approved adoptive homes.

Also relevant is the placement status of all children with a permanency goal of adoption (regardless of how long the child's goal has been adoption). On January 31, 2007, there were 520 children with a goal of adoption. Of these children, 210 (40%) were in pre-adoptive or kinship homes.

**Figure 16: Placements for Children with a Goal of Adoption  
as of January 31, 2007  
(N=520)**



Source: CFSA administrative data

## **14. Permanency Planning Team Meetings within 95 Days of a Goal Change to Adoption**

### ***a. Amended Implementation Plan Requirement***

CFSA is required, within 95 days of a child's permanency goal becoming adoption, to convene a permanency planning team to develop a child-specific recruitment plan for those children without an adoptive resource. This may include contracting with a private adoption agency for recruitment assistance.

**b. Benchmark and Current Performance**

*Interim Benchmark: 90% of children will have a permanency planning teams convened within 95 days of the permanency goal becoming adoption when no adoptive resource has been identified*

During 2006, there were 189 children whose permanency goal was changed to adoption; 72 children needed a permanency planning meeting as an adoptive resource had not already been identified. Of these 72 children, 63 (88%) had a permanency planning meeting within 95 days and 5 (7%) had a permanency planning meeting but the date of the meeting was unknown or after 95 days. There were 4 children (5%) for whom there is no documentation that a meeting occurred.

**c. Additional Comments**

The Monitor also looks at the universe of children with a goal of adoption to determine if CFSA is making sufficient efforts to find adoptive resources. On January 31, 2007, there were 520 children with a goal of adoption. Of these children, 315 (61%) are in an adoptive placement or have an adoptive resource identified. Of the remaining 205 children, 144 (70%) are receiving services from the recruitment unit.

Given these data and at the suggestion of the Monitor, CFSA will be conducting a gap analysis to determine what is needed for each child and system-wide to improve adoption recruitment. CFSA has committed to completing this analysis by September 30, 2007. While additional recruitment resources are being added through partnership with the Dave Thomas Foundation, additional resource allocation may be necessary in order to provide adoption recruitment services for all of the children who need a permanent adoptive home.

## **15. Adoptions Finalized within 12 Months**

**a. Amended Implementation Plan Requirement**

CFSA is required to make all reasonable efforts to ensure that children placed in an approved adoptive home have their adoptions finalized within twelve (12) months of placement in the approved adoptive home.

**b. Benchmark and Current Performance**

*Interim Benchmark: 85% of children with a goal of adoption will have all reasonable efforts made to finalize the adoption within 12 months of placement in an approved adoptive home.*

Between July 1, 2006 and December 31, 2006, there were 106 finalized adoptions. Of these 106 adoptions, 73 had either a Letter of Intent to Adopt or an Adoption Petition in the file and 33 had no information related to the onset of the adoption process. There were 18 (17%) children who were adopted within 12 months of the Letter of Intent to Adopt. Another 13 children were adopted within 12 months of the Adoption Petition. There were 23 (22%) for

whom the adoption finalization did not occur for over two years after the Letter of Intent or Adoption Petition.

**Table 17: Time to Adoption from the Letter of Intent to Adopt and the Adoption Petition for Children Adopted Between July 1, 2006 and December 31, 2006 (N=106)**

Number of Months Letter of Intent to Adoption Finalization	Number of Children	Percent of Children
0-12	18	17%
13 - 18	9	8%
19 - 24	1	1%
25+	9	8%
No Letter of Intent reflected in FACES	70	66%
<b>Total</b>	<b>106</b>	<b>100%</b>
Number of Months Adoption Petition to Finalization For 70 Children with No Letter of Intent	Number of Children	Percent of Children
0 - 12	13	19%
13 - 18	9	13%
19 - 24	3	4%
25+	14	20%
No Adoption Petition Date in FACES	31	44%
<b>Total</b>	<b>70</b>	<b>100%</b>

Source: CFSA administrative data

## 16. Current Case Plans

### *a. Amended Implementation Plan Requirement*

CFSA is required to develop case plans within 30 days of the child entering care and these plans are to be reviewed and modified as necessary and at least every six months thereafter, and shall show evidence of appropriate supervisory review of case plan progress.

### *b. Benchmark and Current Performance*

*Interim Benchmark: 95% of case plans are to be current*

#### *Child Case Plans*

As of January 31, 2007, there were 2251 children in out-of-home placement for 30 days or more. Of these 2251 children, 2064 (92%) children had a current case plan. There were 149 (7%) children with expired case plans, 38 (2%) children with no case plan in their record.

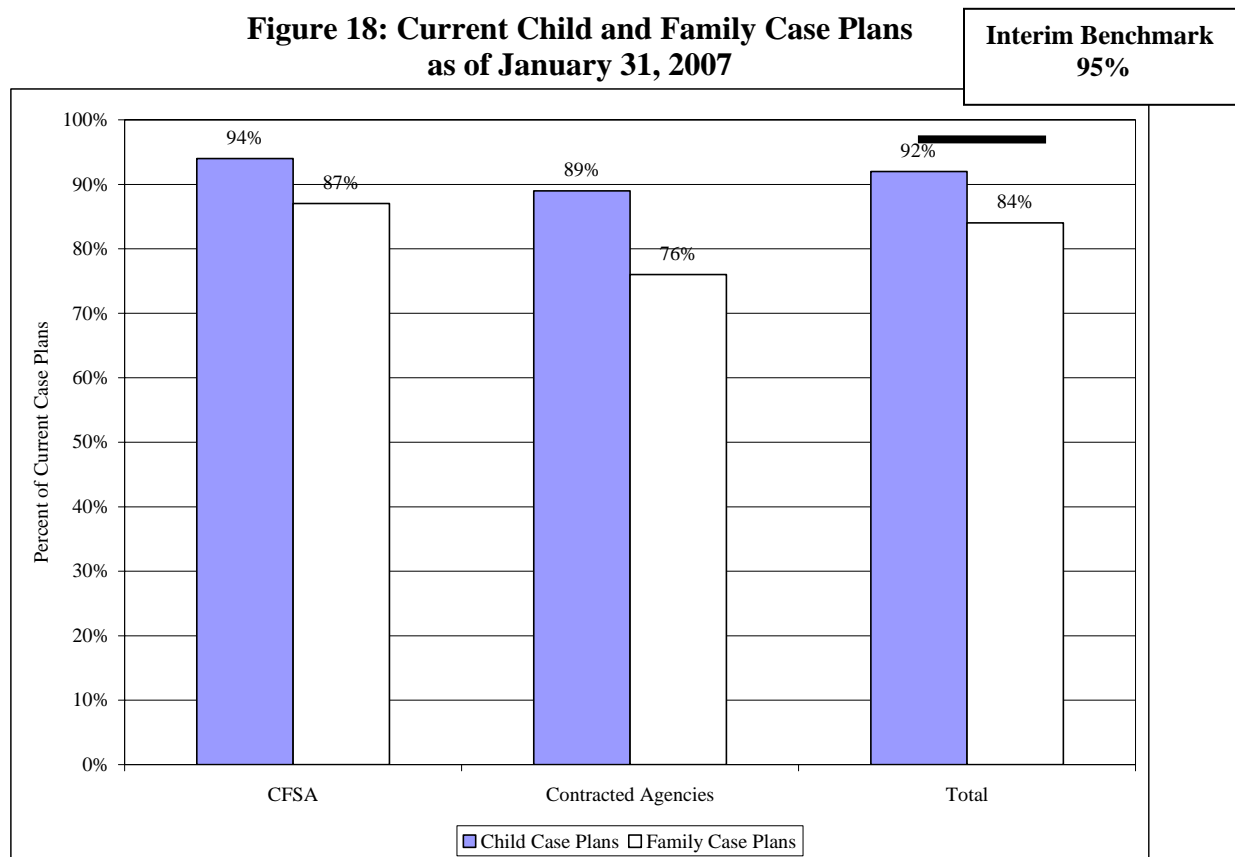
In reviewing the performance of the private agencies with case management responsibility, there were 1043 children assigned to these agencies. Of these 1043 children, 932 (89%) had current case plans. There were 99 (9%) children for whom the private agencies had case management responsibilities who had an expired case plan and 12 (1%) children with no case plan at all.



### *Family Case Plans*

As of January 31, 2007, there were 1221 families with open cases for 30 days or more. Of these 1221 families, 1026 (84%) family cases had current case plans. There were 149 (12%) families with expired case plans and 46 (4%) with no case plan at all.

The private contracted agencies had responsibility for 302 families with cases open 30 days or more. Of these 302 family case, 229 (76%) had current case plans. There were 67 (22%) family cases for which the private agencies had case management responsibilities with expired case plans and 6 (2%) with no case plans at all.



Source: CFSA administrative data

## **17. Case Planning Process**

### ***a. Amended Implementation Plan Requirement***

CFSA is required to work with the family to develop timely, comprehensive and appropriate case plans in compliance with District law requirements and permanency timeframes, which reflect family and children's needs, are updated as family circumstances or needs change, and CFSA shall deliver services reflected in the current case plan. Every reasonable effort is to be made to locate family members and to develop case plans in partnership with youth and

families, the families' informal support networks and other formal resources working with or needed by the youth and/or family. Case plans are to identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.

***b. Benchmark and Current Performance***

*Interim Benchmark: 90% of case plans are to be acceptable*

The Monitor reviews Quality Service Review (QSR) findings to determine performance for this requirement. Two QSRs were held in 2006; the first was held in the spring with 40 families receiving in-home services and the second was in the fall with 25 youth in out-of-home care. In both QSRs, the case planning process, the implementation of the case plan and tracking and adjusting the case plan to address changes were areas in need of improvement. The spring QSR found that for in-home families: the case plans are not tailored to needs and fail to provide guidance for achieving case goals.

The QSR rates child and family cases using a standardized protocol and measures each area of practice (for example, case planning process, implementation of services and supports and tracking and adjustments) on a scale of 1 – 6. The scores of 1 to 3 are related to unacceptable practice and scores of 4 to 6 are within the acceptable range. A score of 1 means that immediate action is needed to remedy poor practice or performance and 6 means that all efforts are being made and performance is high. The table below shows that in both QSRs, the number and percent of cases in the acceptable zone (4 to 6), those cases where the case planning process is working and the agency/team need only to maintain the current level of performance, is significantly lower than the cases in the unacceptable zone (1 to 3). While the QSR provides important information about the case planning process, these measures are not statistically valid given the number of cases reviewed. Additionally, review of the QSR reports in their entirety is useful to better understand how the system operates to provide supports, services and planning for children and families.

**Table 19: Case Planning Process Findings from 2006 QSRs**  
**In-Home QSR: N=40**  
**Youth QSR: N=25**  
**Total: N=65**

	<i>Unacceptable (1-3)</i>		<i>Acceptable (4-6)</i>		
	<i>In-Home</i>	<i>Youth</i>	<i>In-Home</i>	<i>Youth</i>	<i>Total Acceptable (4-6)</i>
<b>Case Planning Process</b>	26 (65%)	12 (48%)	14 (35%)	13 (52%)	27 (42%)
<b>Implementation of Case Plan and Services &amp; Supports</b>	23 (58%)	13 (52%)	17 (43%)	12 (48%)	29 (45%)
<b>Tracking and Adjustments</b>	23 (58%)	11 (46%)	17 (43%)	13 (54%)	30 (47%)

Source: CFSA Spring and Fall 2006 QSRs

**Summary Chart 20 – Goal II-B: Permanency**

Requirement	Interim Benchmark (from 2003 IP)	Status as of April 30, 2006	Status as of January 31, 2007	Direction of Change
<b>Benchmarks Achieved</b>				
Placement in least restrictive, most family-like setting	80%	81%	78%	Declined ↓
No child at Intake Center over night	Full Compliance	Achieved	Achieved	Achieved
No child in emergency, short-term or shelter facility for more than 30 days	No more than 25 children	22 children in an emergency placement for more than 30 days	16 children in an emergency placement for more than 30 days (8 for more than 91 days)	Achieved
Children <12 placed in congregate care settings for > 30 days	No more than 20 children	21 children	9 children	Achieved
Children <6 placed in a group care setting	No more than 5 children	10 children	5 children	Achieved
Training opportunities for interested families within 30 days			Multiple training classes each month	Achieved
Permanency planning team within 95 days of goal change	90%		88%	Substantively Achieved

Requirement	Interim Benchmark (from 2003 IP)	Status as of April 30, 2006	Status as of January 31, 2007	Direction of Change
<b>Benchmarks Not Achieved</b>				
Twice monthly visits between parents and workers	80%	37%	42%	Improved ↑
Weekly visits between parents and children	85%	13%	22%	Improved ↑
Appropriate permanency goals	90%	Comparable data not provided in last monitoring report	86%	Unable to Determine
Current case plans	95%	90% Child Plans 70% Family Plans	92% Child Plans 84% Family Plans	Improved ↑
Reduction in multiple placements			New measurement methodology under development	
Process for recruiting, studying and approving interested foster or adoptive parents within 120 days	85%		Insufficient Data	

Requirement	Interim Benchmark (from 2003 IP)	Status as of April 30, 2006	Status as of January 31, 2007	Direction of Change
<b>Benchmarks Not Achieved</b>				
Legal action to free children for adoption within 45 days of permanency goal becoming adoption	75%	47%	61% (July – December 2006)  75% (October – December 2006)	Improved  ↑
Children with permanency goal of adoption in adoptive placement within 9 months of goal change	85%	50%	29%	Declined  ↓
Reasonable efforts to finalize adoptions within 12 months of placement in adoptive home	85%		17%	Unable to Determine
<b>Benchmarks Not Achieved</b>				
Timely, comprehensive and appropriate; case plans developed with families	90%		QSR Data  42% Case Planning Process  45% Implementation of Case Plan and Services and Supports  47% Tracking and Adjustments	Not Achieved

## **C. Goal: Child Well-Being**

### **1. Community-based Service Referrals for Families with Low & Moderate Risk**

#### ***a. Amended Implementation Plan Requirement***

CFSA is required to refer families who have been the subject of a report of abuse and/or neglect that is determined to be low or moderate risk and needing additional supports to an appropriate Collaborative or community agency for services and supports.

#### ***b. Benchmark and Current Performance***

*Interim Benchmark: 70% of families who have been the subject of a report of abuse and/or neglect that is determined to be low or moderate risk and needing additional supports will be referred to an appropriate Collaborative or community agency for services and supports*

In January 2007, 239 families were the subject of a report of abuse and/or neglect that was determined to be low or moderate risk; 78 of these families were substantiated for abuse or neglect in which the case was rated low or moderate risk. Of these 78 families, 35 (45%) were referred to one of the Collaboratives for in-home services as determined by reviewing the manual log of referrals. FACES data show that 58 (74%) of the 78 families were referred with the remaining families either refusing services from the Collaboratives, already receiving Collaborative services or were referred to other community-based services.

Importantly, the protocol for this work indicates that all families who are determined to be at low or moderate risk for future child abuse or neglect, depending on their needs, should be referred to a community-based service provided as appropriate.

Of the 35 families on the manual log who were referred, 12 (34%) were accepted and assigned to a case worker at the Collaborative. For the remaining 23 families, the follow-up status was pending or unknown for 14 families, 2 families declined services, 2 did not live in the geographic area served by the Collaboratives, the social worker did not forward the correct information or the family was not locatable in 4 cases and 1 referral was not needed by the family.

#### ***c. Additional Comments***

CFSA and the Collaboratives are working together to restructure in-home services to children and families to include how and which families are referred to the Collaboratives. This restructuring is in process and staff changes are being made at the Collaboratives to accommodate the families who will be referred. Additionally, by October 2007, ten units of in-home social workers from CFSA will be out-stationed to the Collaboratives. This effort to move services and supports into the communities where families live is a step in the right direction. CFSA and the Collaboratives are also working on a protocol for those families who refuse services or are not immediately locatable.

While these efforts are important, the Monitor is quite concerned about the Agency and Collaboratives' current performance on this requirement. There is a long standing commitment and agreement between CFSA and the Collaboratives to serve families who are at risk of experiencing child abuse and neglect given their circumstances and needs. However, these data suggest a very different implementation of this work for those families who have recently come to the attention of the investigation units at CFSA. An immediate assessment of the referral process and service provision is needed given the low percentage of families referred from the investigation units to the Collaboratives (45%) and the low percentage of families who were substantiated for abuse and neglect (34%) that received services from the Collaboratives once referred. The Monitor will be meeting with CFSA within the next 30 days to better understand the barriers to full implementation and to develop an action plan to resolve the issues.

## **2. Placing Children with Their Siblings**

### ***a. Amended Implementation Plan Requirement***

CFSA is required to place children in out-of-home placement with some or all of their siblings.

### ***b. Benchmark and Current Performance***

*Interim Benchmark: 80% of children in out-of-home placement are to be placed with some or all of their siblings*

In January 2007, there were 1273 children in foster care with one or more siblings. Of these 1273 children, 727 (57%) children were placed with one or more of their siblings. In some instances, placing children apart from siblings may be appropriate. On December 31, 2006, there were 75 children not placed with siblings due to stays in hospitals, correctional facilities or placements independent living programs and due to abscondance, which would bring performance on this measure to approximately 60%.

### ***c. Additional Comments***

Progress on placing siblings together has been stalled for some time at a level where far too many children in foster care are separated from their siblings. Family connections are incredibly important for children. The trauma of being removed from home is compounded when children are separated from their siblings. CFSA is working to increase the pool of placement resources for children to include additional homes for sibling placements. Given the tremendous need (546/43% children not placed with any of their siblings), CFSA needs to determine how many sibling sets there are, the size of each sibling set and what special accommodations are needed. The Monitor has recommended several strategies to include using waivers related to space requirements that do not create unsafe conditions, using flexible funds to assist kinship or foster families to accommodate sibling groups, and using family team meetings to determine if extended family members might be available to become a placement or permanency option. The District published emergency legislation on May 4<sup>th</sup>,



2007 that gives the CFSA Director, upon good cause, the ability to waive specific regulations if warranted and child safety is not jeopardized.

### **3. Visits Between Siblings Separated by Foster Care**

#### ***a. Amended Implementation Plan Requirement***

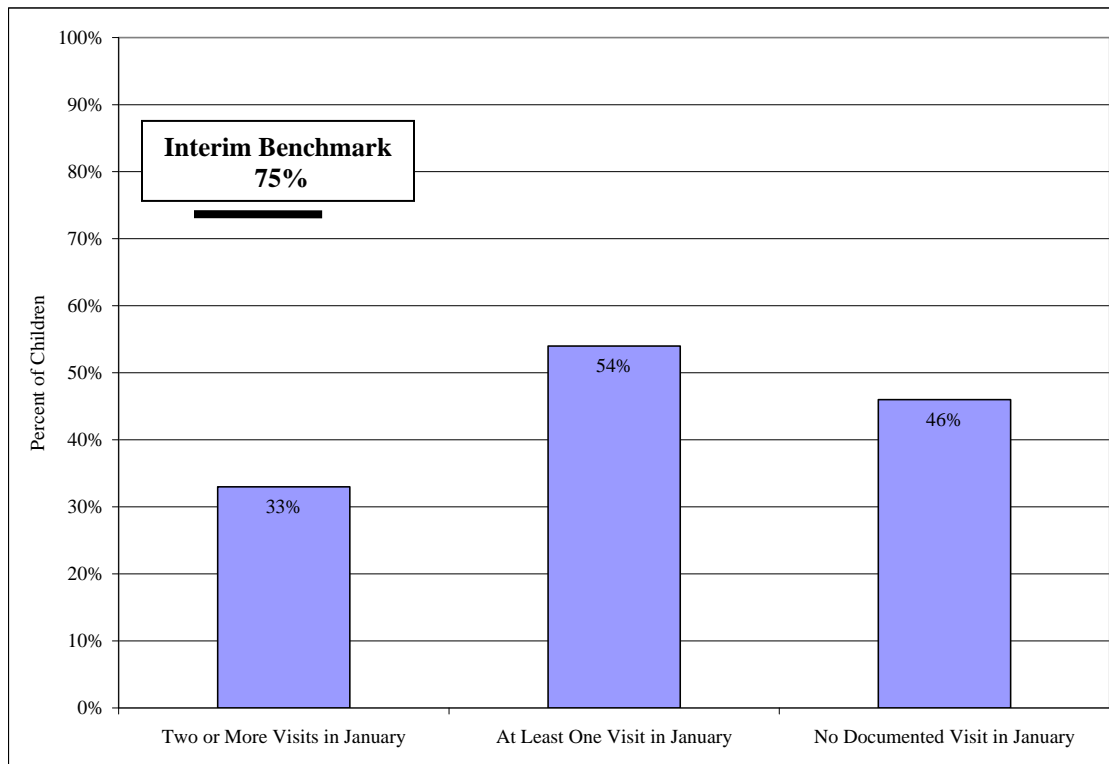
CFSA is required to ensure that children placed apart from their siblings have at least twice monthly visitation with some or all of their siblings.

#### ***b. Benchmark and Current Performance***

*Interim Benchmark: 75% of children placed apart from their siblings are to have at least twice monthly visitation with some or all of their siblings*

Sibling visitation remains a problematic area. In January 2007, there were 916 children in foster care with siblings placed separately. There were 171 of these children who had their visits suspended or were placed more than 100 miles away from the District. Of the remaining 745 children, 247 (33%) children placed apart from their siblings had at least twice monthly visitation with some or all of their siblings and 405 (54%) had at least monthly visits. There were 339 children (46%) for whom CFSA had no documentation of sibling visits in January 2007.

**Figure 21: Sibling Visitation for Children Separated by Foster Care  
as of January 31, 2007\*  
(N=745)**



Source: CFSA administrative data

\*Note: Children with “Two or More Visits” are also counted in the “At Least One Visit” category.

#### **4. Placement within 100 Miles of the District of Columbia**

##### ***a. Amended Implementation Plan Requirement***

CFSA is required to place no more than 82 children over 100 miles from the District of Columbia. (Children placed in kinship or pre-adoptive family-based settings under the ICPC shall be exempt from this requirement.)

##### ***b. Benchmark and Current Performance***

*Interim Benchmark: No more than 82 children are to be placed 100 miles from the District of Columbia.*

As of January 31, 2007, 86 children were placed in residential treatment centers, hospitals, correctional facilities or substance abuse treatment programs more than 100 miles outside the District of Columbia.

##### ***c. Additional Comments***

Collaboration with the Department of Mental Health is on-going to create the necessary array of home, school, and community-based services within the District to meet the treatment needs of children closer to home and provide training, intervention, and supports to their caretakers as well. These efforts, along with the effort to re-open the Hurt Home, a residential treatment facility for children under age 12, as well as to expand the uses of the facility to include day treatment and therapeutic after school care, should assist CFSA and other child-serving agencies in the District in ensuring that young children with specialized therapeutic needs will not be placed outside of the District. Unfortunately, the procurement to operate the Hurt Home did not result in identifying a qualified provider. CFSA and the Department of Mental Health must review the barriers and determine what is needed to identify a qualified provider and quickly re-solicit the RFP.

#### **5. Assessments for Children Experiencing Placement Disruptions**

##### ***a. Amended Implementation Plan Requirement***

CFSA is required to ensure that children in its custody whose placements are disrupted are provided with a comprehensive and appropriate assessment and follow-up action plans to determine their service and replacement needs no later than within 30 days of replacement

##### ***b. Benchmark and Current Performance***

*Interim Benchmark: 85% of children whose placements disrupted are to be provided a comprehensive and appropriate assessment to determine service and replacement needs within 30 days of replacement.*

In January 2007, 85 children experienced a placement disruption or returned to foster care after a trial home visit. Of these 85 children, one child was discharged from a hospital and different meeting and discharge planning protocols are in place. Of the remaining 84 children, only 11 (13%) had family team meetings immediately prior to or post the disruption

to identify needs, craft a plan to promote placement stability and determine if additional assessment was warranted.

***c. Additional Comments***

The Monitor will be working with CFSA to determine the barriers to full implementation of its family meeting model, which was to include family team meetings prior to or immediately after all placement disruptions. These meetings are necessary to help avoid a placement disruption and to plan for future placement stability when a move does occur.

It is also understood by the Monitor that CFSA has built a requirement into its new contract with DC Kids that all children with a placement disruption are to have a comprehensive and appropriate assessment within 30 days. It is anticipated there will be full implementation and data tracking through DC Kids to ensure children experiencing a placement disruption receive thorough assessments to determine their needs. The next monitoring report will have more comprehensive information related to performance on this requirement.

**6. Service Provision**

***a. Amended Implementation Plan Requirement***

CFSA is required to provide for or arrange for services through operational commitments from District public agencies and/or contracts with private providers. Services shall include (a) services to enable children who have been the subject of an abuse/neglect report to avoid placement and to remain safely in their own homes; (b) services to enable children who have been returned from foster care to parents or relatives to remain with those families and avoid replacement into foster care; (c) services to avoid disruption of an adoptive placement that has not been finalized and avoid the need for replacement; and (d) services to prevent the disruption of a beneficial foster care placement and avoid the need for replacement

Additionally, CFSA is required to provide appropriate services, including all services identified in a child or family's case plan, to be offered and children and families to be assisted to use services, to support child safety, permanence and well-being.

***b. Benchmark and Current Performance***

*Interim Benchmark: 80% of children and families are to be provided appropriate services*

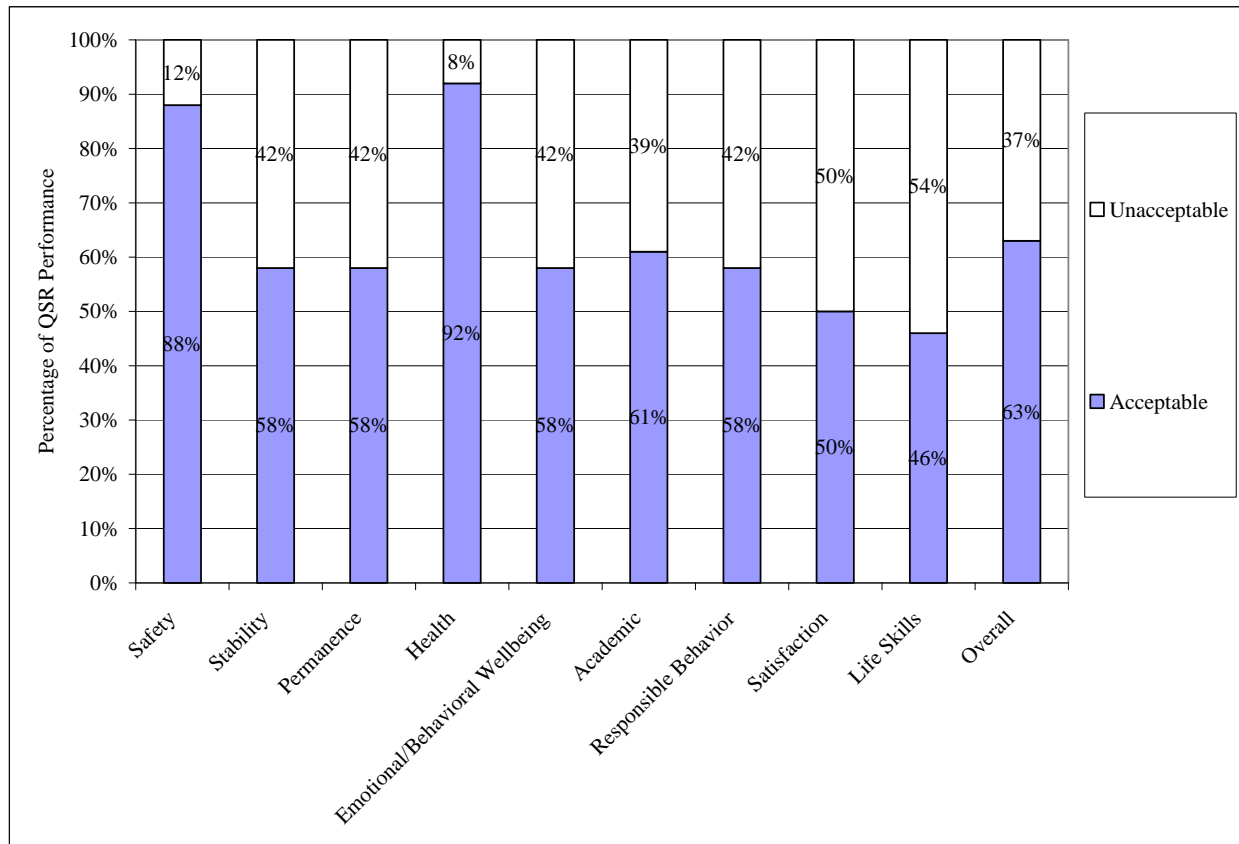
The Monitor uses results from the Quality Services Review (QSR) to provide specific examples of strengths and needs of the system and provide a snapshot of current practice on how services are provided and coordinated on behalf of children and families. For each case, reviewers report on how well the actions, timelines and resources planned are being implemented to help the family meet conditions necessary for safety, permanency, and safe case closure. Two QSRs were held in 2006. The first QSR was conducted with 40 families receiving in-home services and was used to determine the baseline of practice with in-home families prior to the agency restructure of in-home services. The second QSR was conducted with 25 teens.

The teen QSR included over 170 interviews with family members, service providers, social workers, legal representatives and others involved with the teens. Focus groups were also conducted with teens, social workers, judges and staff from the Collaboratives. The in-home QSR included interviews with over 200 stakeholders.

The QSR looks at both child and family status and system functioning and includes an assessment of whether services and supports are promoting stability for children. Within each area of analysis there are subcategories. For example, within “child status,” reviewers determine the safety of the child, the stability of placement, prospects for permanency, health and emotional well-being, educational status, development of responsible behaviors and life skills and satisfaction with services. Within the analysis of system functioning, reviewers determine level of youth engagement, formation, coordination and leadership of service and support teams, assessment and understanding of needs, case planning and implementation of services, tracking and adjusting the service and support array as needed, creating a pathway to safe case closure, maintaining family connections, interfacing with the family court, and developing and sustaining informal supports. Combined, these status and functional areas provide a clear picture of the services and supports that are being provided and their effectiveness in ensuring children are safe and doing well.

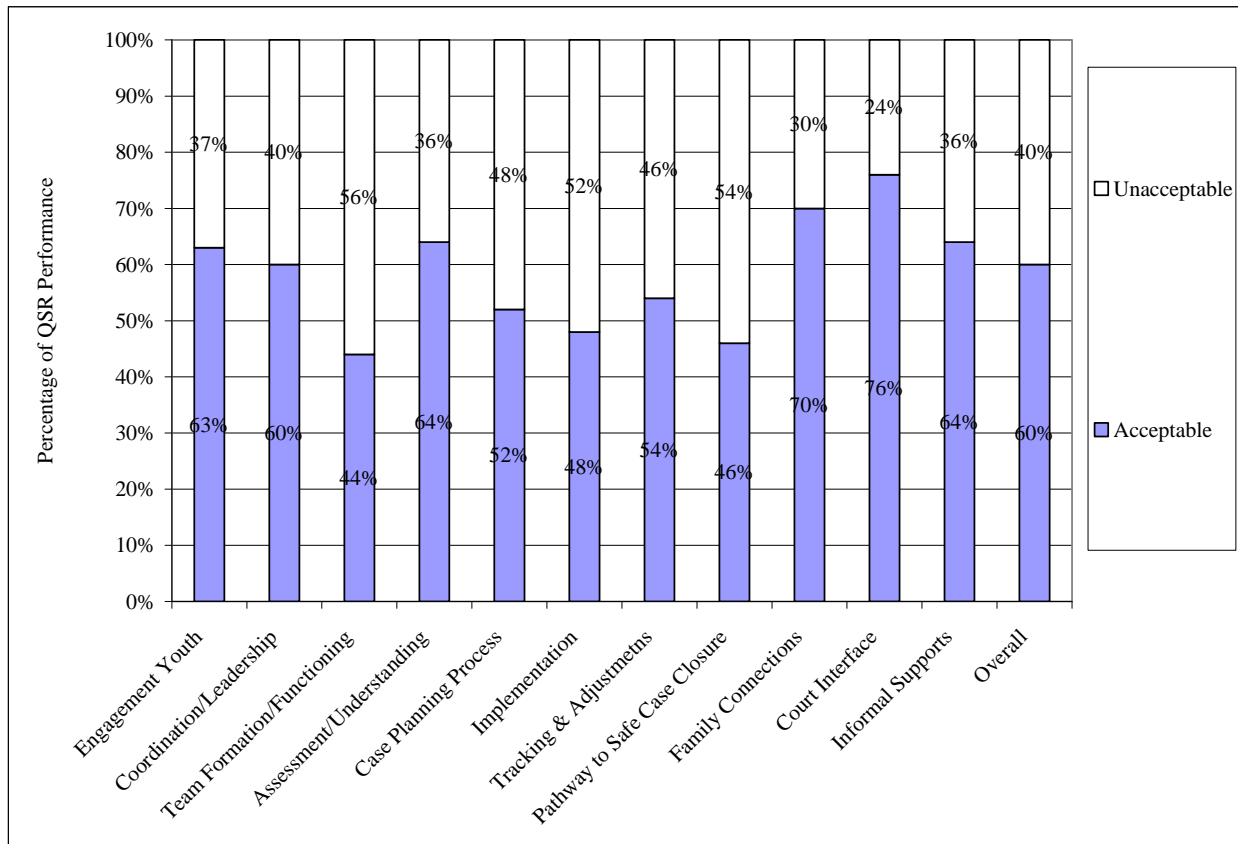
Below are charts showing performance in the areas of child status and system functioning for both 2006 QSRs. The level of performance for each subsection of the ratings is illustrated in the charts below to include those cases in the acceptable (4-6) and unacceptable (1-3) zones.

**Figure 22: Youth Status**  
**Fall 2006 QSR**  
**(N=24 teens; one of the 25 youths could not be interviewed)**



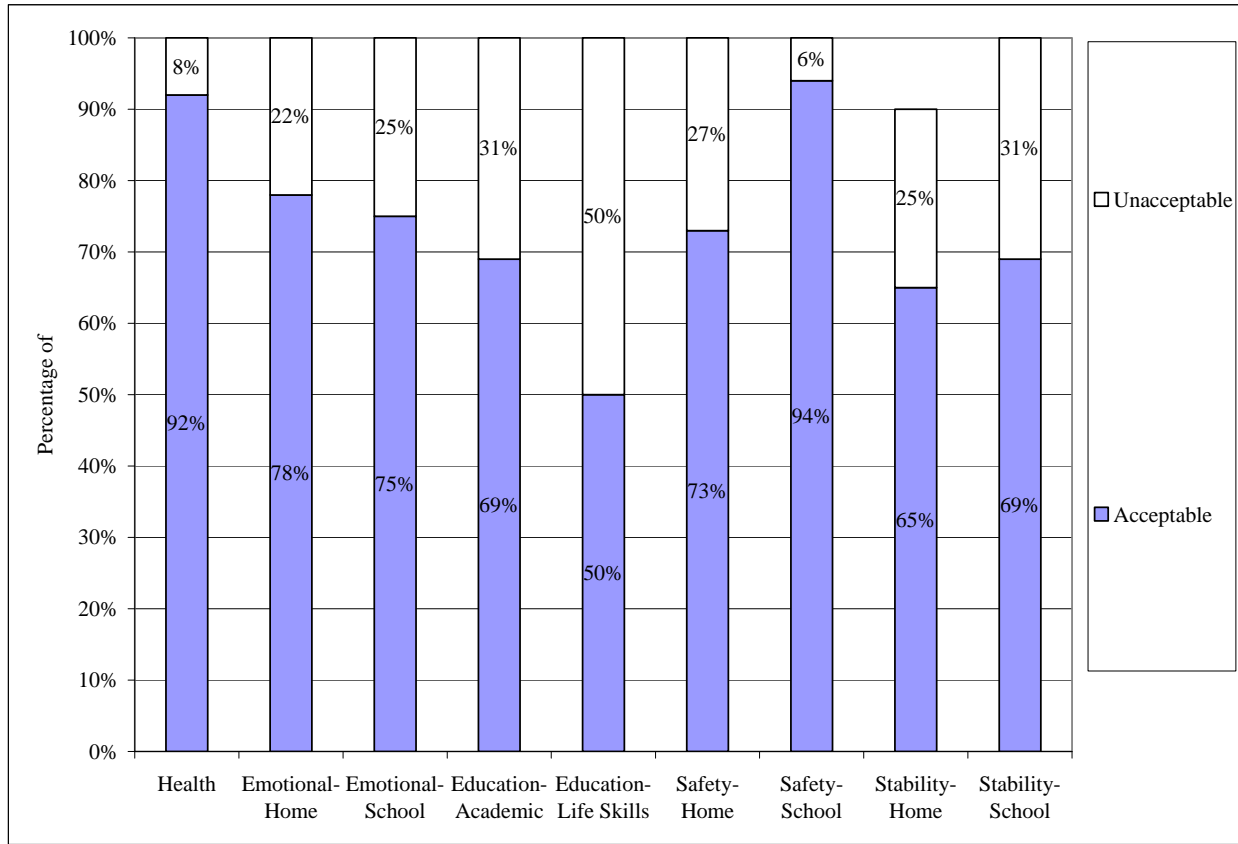
Source: CFSA/CSSP QSR Data, Fall 2006

**Figure 23: System Functioning  
Fall 2006 QSR with Teens  
(N=25 Teens)**



Source: CFSA/CSSP QSR Data, Fall 2006

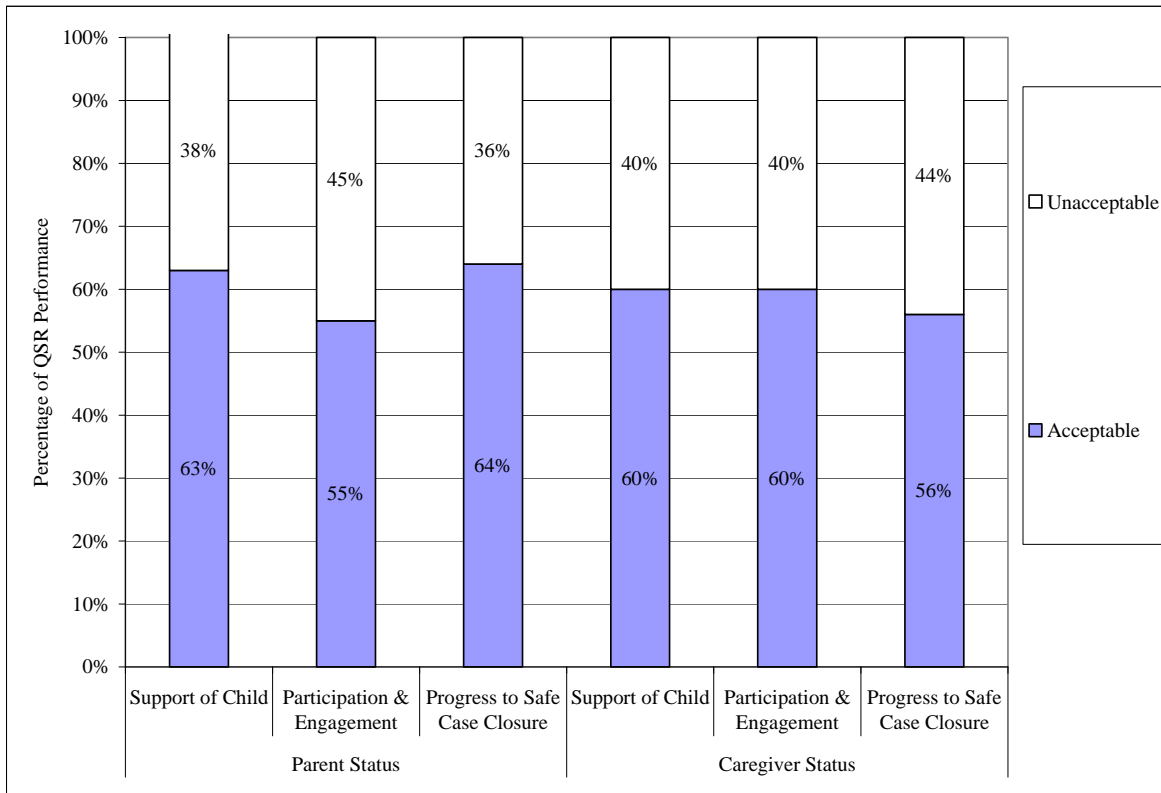
**Figure 24: Child Status**  
**Spring 2006 QSR with In-Home Families**  
**(N=40 Families)**



Source: CFSA/CSSP QSR Data, Spring 2006

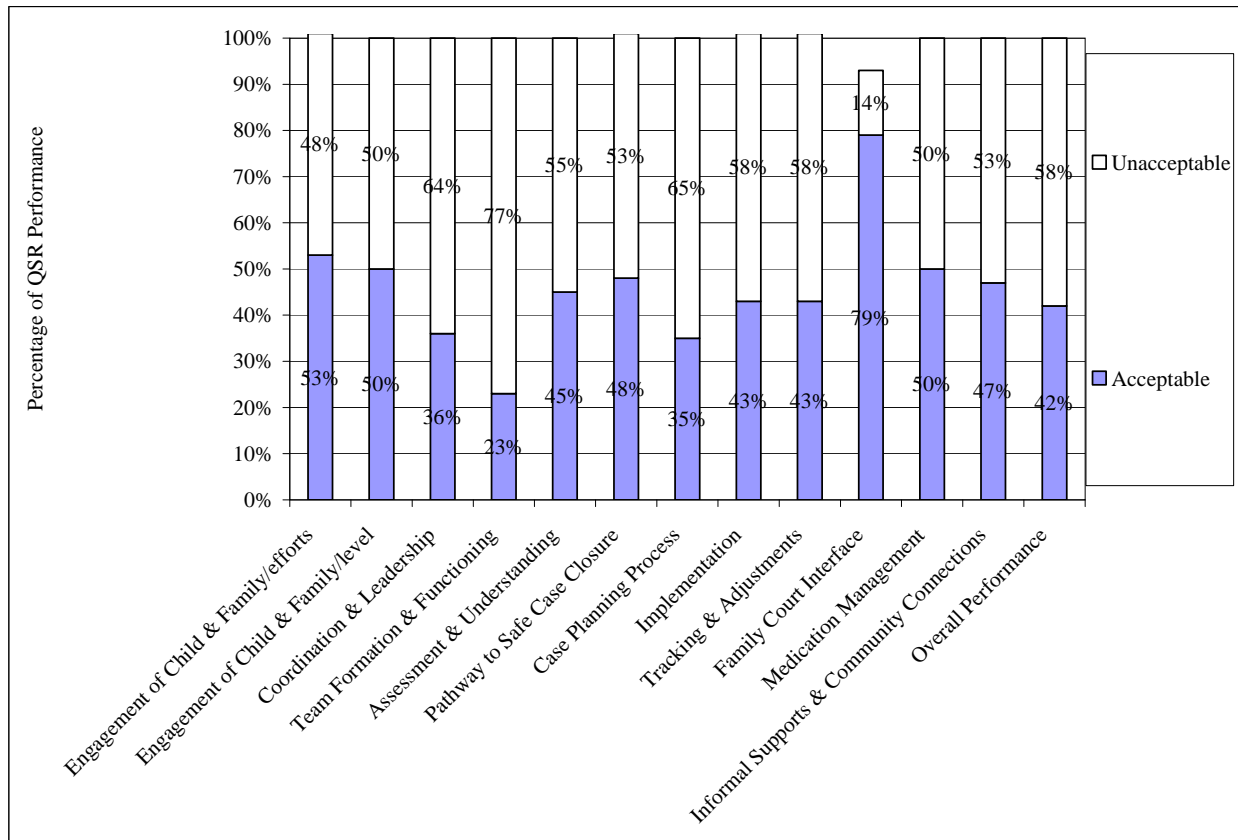


**Figure 25: Parent and/or Caregiver Status  
Spring 2006 QSR with In-Home Families  
(N=40 Families)**



Source: CFSA/CSSP QSR Data, Spring 2006

**Figure 26: System Functioning  
In-Home QSR Spring 2006  
(N=40)**



Source: CFSA/CSSP QSR Data; In-Home Spring 2006 QSR

### ***c. Additional Comments***

In general, the QSRs show that many services are available to children and parents but these services are not individualized or well coordinated. The in-home QSR found that service providers are unclear and confused about who is coordinating services to families. It was also determined that families who are not court involved but receiving in-home case management do not have the same level of access to services as those families whose cases are court involved. The teen QSR found that teens are sometimes not involved in service planning and they were not interested in the traditional array of mental health services. Approximately 58% of teens reported that they were moderately satisfied with the services they received and many reported not having the necessary life skills for transitioning to adulthood.

Service delivery and case planning are two areas for intensified effort and improved quality. The QSRs are used to provide the child welfare system with a snapshot of what is working well and what is not working. To date, this information has been used primarily within CFSA

to improve practice at the front-line but additional mechanisms need to be established to use QSR findings for service array development at the macro level.

## **7. Health Screenings Prior to Placement**

### ***a. Amended Implementation Plan Requirement***

CFSA is required to provide children a health screening prior to placement in foster care.

### ***b. Benchmark and Current Performance***

*Interim Benchmark: 90% of children in foster care have a health screening prior to placement*

In January 2007, 36 children were initially placed into foster care. Of these 36 children, 35 (97%) had a health screening prior to placement.

In January 2007, there were 85 children who experienced a placement change or came back into foster care after a trial home visit. Three of these children did not require a health screening as they were being discharged from a hospital or detention center. Of the remaining 82 children, 54 (67%) received the pre-placement screening.

### ***c. Additional Comments***

CFSA's performance on ensuring children receive a health screening is quite good and there has been improvement in ensuring children receive a health screen prior to a placement change. There remain significant problems, however, in tracking health related data. The Monitor will be working with CFSA in the coming months to develop a manual tracking system to ensure that health and placement data are available and accurate on a monthly basis.

A new dedicated health clinic for children served by CFSA as part of the updated DCKids program was opened on May 1, 2007. All pre-placement and re-placement health screens, along with other medical services, will be provided at this site between 8:30 a.m. and 7:30 p.m. Mondays to Fridays. CFSA and DCKids will be using the first 60 days of implementation to determine if reducing waiting time and increasing the percentage of children receiving the required exams are improving.

## **8. Full Medical and Dental Evaluations within 30 Days of Placement**

### ***a. Amended Implementation Plan Requirement***

CFSA is required to ensure that children in foster care receive a full medical and dental evaluation within 30 days of placement.

***b. Benchmark and Current Performance***

*Interim Benchmark: 90% of children in foster care receive a full medical and dental evaluation within 30 days of placement.*

There were 36 children placed in foster care in January 2007. Of the 36 children, 9 (25%) had the EPSDT exam completed within 30 days of their placement and 24 (66%) did not.

CFSA performance on dental exams remains exceptionally poor. Of the 36 children placed, 7 (19%) dental exams were completed and none (0%) of these exams were completed within the required timeframes.

***c. Additional Comments***

The Monitor has serious concerns about the medical and dental care provided to children in foster care. The Agency's performance in these areas is completely unacceptable. Immediate action must be taken to ensure children's health and dental needs are being met.

The data used to track the occurrence of medical evaluations is manually reviewed as CFSA currently does not have the capacity to track them through FACES. The Monitor anticipates the DCKids contract will address this lack of data tracking capacity as well as help improve performance in this area. As noted above, a dedicated health clinic is expected to open during the summer to provide accessible and comprehensive services to children in foster care. This clinic will be located in southeast D.C. in order to be in the community where many children served by CFSA live.

Regarding dental exams, CFSA entered into an agreement beginning in March 2007 with a new dental clinical, Small Smiles, to complete the exams for all children in foster care. In addition, two independent dentists will be scheduling appointments for children within the 30-day period. This is a desperately needed service. The Monitor anticipates significantly improved performance in the next monitoring period.

**9. Active Medicaid Coverage and Medicaid Documentation**

***a. Amended Implementation Plan Requirement***

CFSA is required to ensure that Medicaid coverage is available to children the entire time they are in foster care and to provide caregivers with documentation of Medicaid coverage within 5 days of every placement and Medicaid cards within 30 days.

***b. Additional Comments***

This is a new requirement and methodology does not currently exist to determine CFSA's compliance with the requirement. The Monitor, CFSA and the Foster and Adoptive Parent Advocacy Center will work together to determine how best to assess compliance in this area.

***Summary Chart 27 – Goal II-C: Child Well-being***

<b>Requirement</b>	<b>2003 Benchmark</b>	<b>Status as of April 30, 2006</b>	<b>Status as of January 31, 2007</b>	<b>Direction of Change</b>
<b>Benchmarks Not Achieved</b>				
Referrals to Collaborative or community agencies	70%		45%	UTD
Placement with siblings	80%	61%	57%	Declined ↓
Twice monthly visits with siblings	75%	26%	33%	Improved ↑
Placement within 100 miles of the District of Columbia	No more than 82 children	110	86	Improved ↑
Assessments for placement disruptions	85%		13%	UTD
Appropriate Service Provision	80%		QSR reveals service delivery is not individualized to needs and is poorly coordinated	No Change

Requirement	2003 Benchmark	Status as of April 30, 2006	Status as of January 31, 2007	Direction of Change
<b>Benchmarks Not Achieved</b>				
Health screenings prior to placement	90%	90% pre-initial placement 36% pre-placement change	97% pre-initial placement 67% pre-placement change	Improved ↑
Full medical evaluation within 30 days of placement	90%	29%	25%	Declined ↓
Full dental evaluation within 30 days of placement	90%		0%	No Change
Active Medicaid Coverage and Medicaid documentation with 5 days and Medicaid cards within 30 days			New requirement; measurement to be developed	

## **D. Goal: Resource Development and System Accountability**

### **1. Financial Support for Community-based Services**

#### ***a. Amended Implementation Plan Requirement***

The District is required to provide evidence of financial support for community- and neighborhood-based services to protect children and support families

#### ***b. Benchmark and Current Performance***

The District has made a significant investment in community prevention services; CFSA's budget for the Collaboratives and community based services has increased from no funding in 1993 to over \$15 million in FY 2008, if approved by Congress as anticipated. Over \$100 million has been provided over the past ten years to promote prevention and service delivery in the community. FY 08 Collaborative funding is \$13,232,652 for the Collaborative contracts, \$1,000,000 for competitive preventive services award, \$1,685,000 for the relocation of staff (\$500,000 of which is expected to be on-going costs).

#### ***c. Additional Comments***

The "Collaborative Movement" was celebrated recently at the 10<sup>th</sup> Anniversary Collaborative Conference. Over 250 community leaders, professionals and residents came together for two days of reflection and information sharing on the progress that has been made in promoting a community-based approach to serving families where they live and meeting their needs in a way that promotes partnership and collaborative solution finding.

In FY 2006, the Collaboratives provided family preservation services to 2,195 families with approximately 5,000 children who were at risk of entering or in the child welfare system. There were an additional 6,288 families with approximately 15,000 children provided information and referral services.<sup>9</sup>

The Collaboratives recently completed a case record review of over 200 cases opened in FY2006 to determine the demographics of families and the services they are receiving. The findings of this study included the following<sup>10</sup>:

- Families were primarily African American women and their children that came to the Collaboratives through the community rather than from a referral from a government agency.
- Many families were under moderate or severe financial constraints with nearly half being unemployed at the time of the referral; the average monthly income was approximately \$1,100.

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<sup>9</sup> Tenth Anniversary Conference Program; *Building a Neighborhood System of Family Support: The Collaborative Movement*; Healthy Families Thriving Communities Collaboratives, Washington, DC; April 26-27, 2007.

<sup>10</sup> *Strengthening Families – Impacting Lives: A Retrospective Look at Families Served by Washington, DC's Health Families/Thriving Communities Collaboratives*; Executive Summary. March 2007.

- Most families came to the Collaboratives with needs related to housing or parent support needs. Services provided are most frequently related to these housing needs.
- Direct services and service linkages tied to improved outcomes also included child care, education and mental health supports.

## **2. Resource Development Plan**

### ***a. Amended Implementation Plan Requirement***

CFSA is required to submit a Resource Development Plan by June 30 each year.

### ***b. Benchmark and Current Performance***

CFSA submitted an ambitious Resource Development Plan. The Monitor has reviewed the plan and is in discussions with CFSA regarding the scope, sequencing and prioritization of the resources to be developed. Performance on the plan is mixed insofar as some of the identified resources have been developed, in others the efforts have begun but the resources are not yet fully realized, and there are also instances where it appears that the Agency has not been able to meet the ambitions of the plan. See Appendix B for more information on the resource development plan.

## **3. Post Adoption Services**

### ***a. Amended Implementation Plan Requirement***

CFSA is required to make available post-adoption services necessary to preserve families who have adopted a child committed to CFSA.

### ***b. Benchmark and Current Performance***

In January 2006, a post-permanency unit of two social workers was developed at CFSA. These workers connect adoptive children, youth and families to the Family Center at Adoptions Together, which as an external post permanency center has seven staff members to include a director, clinical director, case manager, training coordinator, therapist, office manager and resource intake specialist.

After a request for proposals and a competitive process, Adoptions Together has been formally awarded a contract for \$600,000 per year to provide post-adoption services. The Family Center of Adoptions Together has been open since early May 2007. The Family Center will provide office based or in-home counseling for individuals and families to support the adoption or guardianship process; crisis intervention services, support groups for children, youth and adults; respite care referrals, training for parents and professionals and case management services in order to stabilize families who are struggling after the adoption or guardianship has been completed. Additionally, advocacy and referral services will be available to ensure that families are able to access a full array of educational, medical, social and mental health services are provided.



The Monitor looks forward to reviewing the service delivery provided in the first six months of this new contract and will provide an update to the Court in the next monitoring report.

#### 4. Caseloads

The table below provides data on the Agency's performance in meeting the caseload requirements of *LaShawn*. Tremendous progress has been made but many significant benchmarks have not been achieved. The Agency is now performing well regarding caseload requirements in investigations and size of supervisory units. Keeping those caseloads in compliance will allow the Agency to more closely focus in on the quality of practice now that there are enough workers in many areas of the Agency to do the work. The District needs to comply with requirements regarding in-home services, placement services, permanency specialists, home studies, supervisors and managers carrying cases and unassigned cases.

**Table 28: Caseloads on January 31, 2007**

Type of Work	Requirement	January 2007 Performance
<b>Benchmarks Substantially Achieved</b>		
<i>Investigations</i>	12 investigations per worker	2 of 50 workers (4%) with more than 12 investigations
<i>Supervisory Units</i>	No more than 5 workers and a case aide	5 of 90 supervisors (6%) with more than 5 workers
<b>Benchmarks Not Achieved</b>		
<i>In-Home Services*</i>	15 families per worker	5 of 41 workers (12%) with more than 15 total cases  1 of 41 workers (2%) with more than 15 families*
<i>Placement Services</i>	15 placement cases per worker	66 of 208 workers (32%) with more than 15 total cases  18 of 208 workers (9%) with more than 15 placement cases**

Type of Work	Requirement	January 2007 Performance
<b>Benchmarks Not Achieved</b>		
<i>Permanency Specialist</i>	30 children per worker	<p>Phase I implementation complete - 5 permanency specialists in 5 units but full implementation is lagging</p> <p>Permanency workers are currently teaming on 10-15 cases each; cases close to adoption or guardianship finalization are being carried solely by the case managing social worker as initial implementation continues</p> <p><b>Unit 1</b> - 17 Adoption cases 2 Guardianship cases Total ...19 cases</p> <p><b>Unit 2</b> - 6 Adoption cases 10 Guardianship cases Total ...16 cases</p> <p><b>Unit 3</b> - 4 Adoption cases 18 Guardianship cases Total ...22 cases</p> <p><b>Unit 4</b> - 15 Adoption cases 27 Guardianship cases Total ...42 cases</p> <p><b>Unit 5</b> - 13 Adoption cases 29 Guardianship cases Total ...42 cases</p>

Type of Work	Requirement	January 2007 Performance
<b>Benchmarks Not Achieved</b>		
<i>Home Studies</i>	30 home studies per worker	0 of 14 CFSA initial home study workers with more than 30 cases  5 of 5 re-licensing workers with more than 30 cases  Private agency caseloads unknown
<i>Supervisors and Managers Carrying Cases</i>	Supervisor or managers are not to carry cases	Total: 38 of 128 (30%) supervisors and managers carrying cases  25 of 88 (28%) supervisors carrying cases  13 of 33 (39%) managers carrying cases
<i>Unassigned Cases</i>	No unassigned cases for more than 5 days	2 investigation cases 59 on-going cases  (43 cases not assigned in over 31 days)

Source: CFSA administrative data

\*Note: In-Home workers carry cases of families where all of the children are in the home (“family cases”) as well as cases in which some children are in foster care (“placement cases”). The caseload count for both family cases and placement cases is provided in the table above.

\*\*Note: Placement workers carry cases of children in foster care (“placement cases”) as well as cases involving the family when there are children remaining in the home or the goal for the child is reunification (“family cases”). The caseload count for both placement cases and family cases is provided in the table above.

## 5. Training for New Workers

### *a. Amended Implementation Plan Requirement*

CFSA is required to ensure that new workers receive the required 80 hours of pre-service training through a combination of classroom and on-the-job training in assigned training units.

### *b. Benchmark and Current Performance*

*Interim Benchmark: 90% of all new workers to receive at least 80 hours of per-service training*

In calendar year 2006, CFSA and the private agencies hired a total of 117 new workers. Of these 117 newly hired workers, 67 (57%) workers received the required 80 or more hours of pre-service training.

In comparing CFSA and the private agencies, CFSA is performing at a high level while the private agencies are not ensuring that even the majority of workers are receiving the required training. CFSA hired 41 new workers across all programs. Of these 41 newly hired workers, 38 (93%) workers received the required 80 or more hours of pre-service training. The private agencies hired 76 new workers in calendar year 2006. Of these 76 new workers, 29 (38%) workers received the required 80 or more hours of pre-service training – an unacceptable level of performance.

***c. Additional Comments***

CFSA has made efforts to increase private agency participation in the pre-service training to include additional training sessions. More efforts are needed, however, on the part of both CFSA and the private agencies to increase the percentage of new workers receiving the training. Part of the issue is that private agency workers are assigned a regular caseload upon starting employment and there is little time available for training while the CFSA workers are assigned to training units and have small but growing caseloads over the course of training. This lack of alignment needs to be further addressed so to ensure that workers are not beginning this work without sufficient guidance and support. CFSA needs to ensure that workers are not assigned a full caseload without participating in the required training.

**6. Training for New Supervisors**

***a. Amended Implementation Plan Requirement***

CFSA is required to ensure that new supervisors receive a minimum of 40 hours of pre-service training on supervision of child welfare workers within three months of assuming supervisory responsibility.

***b. Benchmark and Current Performance***

*Interim Benchmark: 90% of all new supervisors are to receive the required training – the training is to begin within three months of assuming supervisory responsibility and the training is to be completed over a five month period*

The Monitor continues to work with CFSA to validate data related to this measure.

In 2005, CFSA hired eight new supervisors and all 8 completed the training within the required timeframes. No 2005 data for the private agencies is available at this time.

In 2006, CFSA hired 8 supervisors; 2 were not responsible for case carrying units and 2 had previously completed the training. Of the remaining 4 supervisors, 2 still have more time within which to complete the training and 2 have successfully completed the training within

the timeframe. During the same period, the private agencies hired 5 supervisors; 1 supervisor has resigned and 1 previously completed the training. Of the remaining 3 supervisors, 1 completed the training within the timeframe and 2 did not.

## **7. Training for Previously Hired Workers**

### ***a. Amended Implementation Plan Requirement***

CFSA is required to ensure that previously hired workers receive annually a minimum of 5 full training days (or a minimum of 30 hours) of structured in-service training geared toward professional development and specific core and advanced competencies.

### ***b. Benchmark and Current Performance***

*Interim Benchmark: 85% of previously hired workers are to receive a minimum of 40 hours of in-service training geared toward professional development and specific core and advanced competencies*

CFSA reports that there were 241 workers hired by CFSA and the private agencies prior to January 1, 2005 who were still current employees as of December 31, 2006. Of these 241 previously hired workers, 50 (21%) workers received the required 40 hours of in-service training.

Comparison of CFSA and the private agencies shows that the private agencies are performing at a higher level on in-service training. CFSA hired 197 workers prior to January 1, 2005 who were still current employees as of December 31, 2006. Of these 197 previously hired workers, 31 (16%) workers received the required 40 hours of in-service training. The private agencies hired 44 workers prior to January 1, 2005 who were still current employees as of December 31, 2006. Of these 44 previously hired workers, 19 (43%) received the required 40 hours of in-service training.

### ***c. Additional Comments***

It remains unclear to the Monitor why performance remains unacceptable in this area. The Monitor has reviewed and provided comments on the training plan as well as the training calendar and efforts to date should be yielding a higher level of performance. Training sessions are offered throughout the year at various times to include after-hours to accommodate the schedules of workers. While there may be some issues with documenting all of the training that is occurring, it is unlikely that the majority of the problem here is related to documentation. More must be done to ensure workers are receiving the required training.

## **8. Training for Previously Hired Supervisors and Administrators**

### ***a. Amended Implementation Plan Requirement***

CFSA is required to ensure that supervisors and administrators receive annually a minimum of 24 hours of structured in-service training.

***b. Benchmark and Current Performance***

*Interim Benchmark: 85% of supervisors and administrators are to receive annually a minimum of 24 hours of ongoing training*

At the end of calendar year 2006, there were 69 supervisors hired prior to January 1, 2005 who were current employees as of December 31, 2006. Of these 69 previously hired supervisors, 53 (77%) received the required 24 hours of in-service training.

During the same time period, there were 32 administrators and managers with 19 (59%) receiving the required training.

In comparing CFSA and the private agencies, the private agencies are performing at a high level while CFSA's performance in this is lagging. Again, the Monitor cannot understand why CFSA's management cannot ensure that staff receive the required training. At the end of calendar year 2006, CFSA had 77 supervisors, program managers and administrators hired prior to January 1, 2005 who were current employees as of December 31, 2006. Of these 77 previously hired supervisors and administrators, 49 (64%) supervisors and administrators received the required 24 hours of in-service training. At the end of calendar year 2006, the private agencies had 24 supervisors, program managers and administrators hired prior to January 1, 2005 who were current employees as of December 31, 2006. Of these 24 previously hired supervisors and administrators, 23 (96%) supervisors and administrators received the required 24 hours of in-service training.

**9. Pre-Service Training for Foster Parents**

***a. Amended Implementation Plan Requirement***

CFSA and contract agency foster parents are to receive a minimum of 15 hours of pre-service training.

***b. Benchmark and Current Performance***

*Interim Benchmark: 95% of foster parents are to receive 15 hours of pre-service training*

Foster parents in the private agencies are trained using the PRIDE curriculum and CFSA uses MAPP; both include more than 15 hours of classroom training plus first aid and CPR. All foster parents who receive a license are required to complete this training.

FACES data related to this requirement are not reliable, however, and undercount the number of foster parents receiving the required training. According to FACES, there were 385 newly licensed foster parents in 2006. Of these 385 foster parents, 78 (20%) completed 15 or more pre-service training hours.

Manual data were provided for foster homes licensed through CFSA between November 1, 2006 and January 31, 2007. During this period, 39 homes were licensed with 100% receiving the required hours of pre-service training.

## **10. In-Service Training for Foster Parents**

### ***a. Amended Implementation Plan Requirement***

CFSA and contract agency foster parents are to receive annually a minimum of 15 hours of in-service training.

### ***b. Benchmark and Current Performance***

*Interim Benchmark: 90% of foster parents will receive a minimum of 15 hours of in-service training.*

FACES data related to this requirement are not reliable and undercount the number of foster parents receiving the required training. According to FACES, there were 636 foster parents who were licensed between 7/1/05 and 12/31/05; 157 did not obtain a renewal license within the next 365 days. Of the remaining 479 foster parents, 37 (7%) renewed the license within 365 days and received the required 15 hours of in-service training. There were an additional 4 (1%) who renewed the license after the 365 day requirement but nevertheless received the required training.

### ***c. Additional Comments***

The Monitor has very little confidence that the above data reliably reflects the in-service training experiences of foster parents. Rather, these data reflect the under utilization of FACES to capture foster parent training data. The Agency is working with the Monitor on developing a more effective mechanism for tracking data related to foster parents' pre-service and in-service training.

## **11. Quality Assurance**

### ***a. Amended Implementation Plan Requirement***

CFSA is required to have a Quality Assurance system with sufficient staff and resources to assess case practice, analyze outcomes and provide feedback to managers and stakeholders. The Quality Assurance system must annually review a sufficient number of cases to assess compliance with the provisions of the MFO and good social work practice, to identify systemic issues, and to produce results allowing the identification of specific skills and additional training needed by workers and supervisors.

### ***b. Benchmark and Current Performance***

The Agency's use of data and its capacity to complete self-evaluation efforts has continued to grow significantly. Real time and monthly data reports are available to all levels of management staff and special evaluations are conducted regularly. These on-going

improvements have increased the Agency's capacity to monitor and assess its internal processes, practices and performance.

CFSA has proposed in its recent Continuous Quality Improvement Plan (submitted in April 2007) to restructure the Office of Organizational Development and Practice Improvement to include hiring additional staff to meet the need for increased evaluation, assessment and development of quality practices and processes within the child welfare system. Under the new plan, the following staff positions will be added through additional hiring and reclassification of staff: one program manager for performance assessment, one supervisory project manager, one supervisory data analysts, four data analysts, and one senior research analyst. The focus of the restructuring will include increased qualitative analysis and more in-depth review and analysis of quantitative data to help build capacity throughout the Agency to collect and use information. The Monitor is still reviewing the proposed Continuous Quality Improvement (CQI) Plan and is in discussions with CFSA regarding its content.

The CQI Plan also indicates that the process for using QSRs at CFSA will be reorganized. Currently, two reviews of between 25 and 40 cases each are conducted in a calendar year. CFSA plans to begin doing QSRs monthly on a unit by unit basis such that each unit will have a QSR annually. The Monitor believes this is an appropriate way to use QSR and this will likely improve practice across the Agency more effectively than the previous process. The Monitor is concerned, however, that CFSA has not determined the total number of QSR cases to be conducted each year. A large enough QSR sample is needed on an annual basis to make a determination as to the effectiveness of case planning efforts and service provision at CFSA. The Monitor will be working closely with the Agency to refine the QSR plan, reach agreement on an acceptable number of cases, and decide on the resources needed to accomplish goals.

The Monitor believes the increased focus on quality of practices throughout the Agency, ongoing assessments, and the development of feedback loops are all important and the new CQI plan suggests that CFSA is focusing efforts in the right direction.

## **12. Monthly Reports on Children in Special Corrective Action Categories and Child-Specific Case Review**

### ***a. Amended Implementation Plan Requirement***

CFSA is required to produce accurate monthly reports, shared with the Monitor, which identify children in the following categories:

1. All cases in which there have been four or more reports of neglect or abuse for a single child or family with the fourth report occurring in the last 12 months;
2. All cases in which a child has been placed in four or more different placements, with the fourth or additional placement occurring in the last 12 months and the placement is not a permanent placement;



3. All cases in which a child has had a permanency goal of adoption for more than one year and has not been placed in an adoptive home;
4. All children who have been returned home and have reentered care more than twice and have a plan of return home at the time of the report;
5. Children with a permanency goal of reunification for more than 18 months;
6. Children placed in emergency facilities for more than 90 days;
7. Children placed in foster homes or facilities that exceed their licensed capacities or placed in facilities without a valid license
8. Children under 14 with a permanency goal of APPLA; and
9. Children in facilities more than 100 miles from the District of Columbia.

Additionally, CFSA is required to conduct a child-specific case review for each child identified and implement a child-specific corrective action plan, as appropriate.

***b. Benchmark and Current Performance***

The new CQI Plan has outlined a strategy for addressing this long neglected requirement. CFSA indicates that beginning June 2007, quarterly reports will be submitted to the Monitor with information related to the number of children in the special corrective action category, the number of children entering or exiting the category during the time period and the date of the case specific review. Staffings will begin in June as well. For those children with an Administrative Review or Family Team Meeting that serves as a corrective action staffing, critical staff members will be required to attend these meetings and develop a plan that is similar to the corrective action plans.

In addition to the staffings, Administrative Reviews, and Family Team Meetings, every six months, staff of the QSR/Case Practice unit will randomly select a sample of cases from the special corrective action categories to evaluate progress, identify systemic issues and provide feedback to staff. Administrators and managers will also be required to review cases on a regular basis. These efforts are to begin in June 2007 and the Monitor will provide an assessment of this work in the next monitoring report.

### **13. Performance Based Contracting**

***a. Amended Implementation Plan Requirement***

CFSA is to have in place a functioning performance based contracting system that (a) develops procurements for identified resource needs, including placement and service needs; (b) issues contracts in a timely manner to qualified service providers in accordance with District laws and regulations; and (c) monitors contract performance on a routine basis.

***b. Benchmark and Current Performance***

The original Implementation Plan required CFSA to fully implement performance based contracting by September 30, 2005. Proper performance based contracting is long overdue and efforts to implement have been delayed several times. Nonetheless, CFSA is continuing its efforts to develop large-scale performance based contracting for its placement resources.

Six community information sharing meetings have been occurring over the past several months to both provide the community with a sense of the direction CFSA is taking and to gather information from current and potential providers regarding ideas and strategies for developing a performance-based system that will effectively meet the needs of children in foster care. The desired results of these meeting were articulated by CFSA as follows:

- Develop a shared vision—and ultimately shared ownership with service providers—of desired child welfare system outcomes, including LaShawn requirements for the District of Columbia’s child welfare system and federal outcomes and performance expectations
- Identify current strengths to be maintained in a future procurement
- Identify current challenges to achieving successful outcomes
- Develop recommendations for core elements of a redesigned system that help us achieve our shared performance expectations

In response to an initial Request for Information issued in October 2006, there was considerable feedback from the community regarding the need to jointly craft a system that will be functional and meet children’s needs. CFSA has been open to exploring these recommendations and has already decided to modify the initial design to eliminate the creation of a single “lead agency.” However, there remains significant trepidation among current private agencies regarding the direction CFSA is taking and there is neither a shared agreement on the depth and breadth of this reform effort or on the mechanisms to structure financial incentives and disincentives to share financial risk. Chances of success with this initiative will increase as potential bidders and CFSA increase understanding and consensus about what needs to be created.

The Monitor has attended the information sharing meetings and has testified before the Council of the District of Columbia regarding impressions of the process and recommendations for ensuring this effort conforms to a set of guiding standards. The recommendations include:

- There needs to be a clear and shared understanding by CFSA and the providers of the outcomes to be achieved, processes to be implemented and the performance measures that will be consistently used to hold contractors accountable.
- There needs to be agreement about and a logical relationship between the services being purchased, the payment for those services and the outcomes to be achieved.
- There is consistent monitoring of performance to include data collection and analysis of performance measures and assessment of the quality of service provision.
- CFSA decisions about which contractors to use in the future are based on organized and high level review of data and information regarding contractor performance.

- The contracts should include financial incentives and disincentives based upon performance, including ability for flexibility and innovation in reaching desired outcomes.

It is anticipated that an RFP, which will be crafted using the feedback from the community information sharing sessions, will be released in late June with contracts to be executed by the end of January 2008.

## 14. ICPC

### *a. Amended Implementation Plan Requirement*

CFSA is required to maintain responsibility for managing and complying with the ICPC for children in its care.

### *b. Benchmark and Current Performance*

As of April 31, 2007, there were 1141 children placed in Maryland; 770 (67%) of these placements either had ICPC approval or approval was not necessary as the child was over 18.

There were 324 (28%) children who are considered to be in the ICPC “backlog,” those children placed in Maryland without ICPC approval. There were 42 children (4%) for whom documentation has been submitted to Maryland and approval is pending and 5 children (1%) for whom ICPC approval was sought and denied.

### *c. Additional Comments*

This is a long-standing problem that CFSA was required to resolve by December 31, 2006. CFSA performance in this area has improved only slightly (to 67% up from 64% with ICPC approval from Maryland). There are plans underway to seek technical assistance from the National Resource Center on Adoption to include consultation with a Judge who is an expert on ICPC. The Agency is also seeking assistance from the Casey Strategic Consulting Group of the Annie E. Casey Foundation to address the long-standing ICPC problems.

The ICPC issues are most acute when children first come into foster care and their relatives live in another jurisdiction, particularly Maryland. Unlike D.C., there is no emergency or temporary licensing of relatives as placement resources in Maryland. As a result, children must be placed in non-relative foster care while awaiting full-scale ICPC approval. The trauma of removal from parents can be ameliorated somewhat by placing children within their own extended family network – with grandparents, aunts and uncles or cousins. Additionally, kinship foster care is more stable than other types of placements thereby promoting longer term well-being of children.

Between July 2006 and January 2007, 66 family team meetings were held (often for multiple children) in which a relative living outside the District of Columbia was identified as a possible placement resource. Unfortunately, CFSA does not have data on how many of these children were placed with their willing relatives.

The ICPC process presents a barrier to appropriate placement in other jurisdictions. The required ICPC packet includes police and FBI clearances, medical and health clearances, fire inspections and other documentation related to the acceptability of individuals and their homes as foster placements as opposed to proof from the District of Columbia of a valid license. The creation of an ICPC packet for a family occurs over a period of time and one or more of these clearances may expire during the processing of the packet by the jurisdiction in which placement is requested. An additional barrier is the lack of responsiveness of the private agencies to generate the necessary information in a timely manner.

## **15. Enforcement of Licensing Regulations**

### ***a. Amended Implementation Plan Requirement***

CFSA is required to have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes, and independent living facilities.

### ***b. Benchmark and Current Performance***

The Licensing and Monitoring Administration within CFSA has three divisions to monitor or license congregate care settings, CFSA non-contracted foster homes and private agency foster homes. Staffing levels for each division are as follows:

- Youth Residential Facilities Monitoring
  - 1 program manager
  - 4 units/ 4 supervisors (2 for monitoring and 2 for resource development)
  - 9 monitors
  - 5 resource development specialists
  - 1 social worker
  - 1 program analyst
  - 5 clerical assistants/secretary
  - 2 sanitarians
- Child Placement Agency Monitoring Division (private agency monitoring)
  - 1 program manager
  - 3 units/ 3 supervisors
  - 15 monitors
  - 3 clerical assistants/ social services assistant
- CFSA Licensing Division (CFSA licensing)
  - 1 program manager
  - 5 units/ 5 supervisors (3 for licensing and 2 for resource development)
  - 15 social workers
  - 6 resource development specialists
  - 1 lead paint specialist
  - 3 clerical assistants/ social services assistant

Currently, CFSA has no mechanism for regularly pulling together monitoring data across all public and private foster homes; for example the total number of foster parents entering or exiting the system or the overall time it takes to approve every a foster parent's license from the initiation of training across all foster homes. These type of aggregate and trend data are critical for successful management of the foster care placement resource pool. Another issue is the limited access to individuals certified to assess for lead paint levels. The delay in getting these assessments is a barrier to timely licensing.

Data are available, however, regarding the monitoring of private agency foster homes. CFSA is required to visit each contracted foster home at least once per year. During 2006, 541 visits were made to private agency foster homes (there were 583 private agency foster homes on January 31, 2007); these visits included seeing 1024 children (1045 children were placed in private agency foster homes on January 31, 2007). This is an improvement in the monitoring functions as there 994 visits to children in 2005 and 426 visits to children between September 2003 and September 2004. In 2006, there were 264 monthly meetings held between the monitors and the private agency management staff and 89 corrective action plans developed.

In its most recent CQI plan, CFSA stated that the Licensing and Monitoring Administration will begin transitioning from solely monitoring compliance and administrative functions to capacity building and quality improvement. The ability to help private agencies build their capacity as well as monitor their performance has been called for by the private agencies as they are working with CFSA to develop performance based contracting. It is not clear if the capacity currently exists within the Licensing and Monitoring Administration to lead this work, that is, carry out the nuts and bolts of licensing and monitoring and work on capacity development.

## **16. Provider Payments**

### ***a. Amended Implementation Plan Requirement***

CFSA is required to ensure payment to providers in compliance with DC's Quick Payment Act for all services rendered.

### ***b. Benchmark and Current Performance***

An essential step in working towards this requirement has been to establish an invoice tracking system (ITS) that would allow CFSA to objectively assess the timeliness of payments and to identify process points that delay payments. CFSA has completed implementing this system for all contract types except those processed through the PASS system and those processed through the new cost-reimbursement system. Initial data reports have been produced and are currently undergoing quality control reviews.

Initial ITS data and anecdotal feedback from contracted service providers indicate that use of the new Payment Provider Web system has improved the timeliness, accuracy, and documentation of payments related to room and board to a significant degree. In areas where delays still occur, the agency is making progress in identifying the root causes for these

delays and is working with social workers and contracted service providers to ameliorate them. Major challenges remaining for the Agency include beginning to track PASS invoices through ITS, and addressing procedural challenges in the design of the new cost reimbursement system.

## **17. Budget and Staffing Adequacy**

### ***a. Amended Implementation Plan Requirement***

The District is required to provide evidence that the Agency's annual budget complies with Paragraph 7 of the October 23, 2000 Order providing customary adjustments to the FY 2001 baseline budget and adjustments to reflect increases in foster parent payments and additional staff required to meet caseload standards, unless demonstrated compliance with the MFO can be achieved with fewer resources. Additionally, the District shall provide evidence of compliance with Paragraph 4 of the October 23, 2000 Order that CFSA staff shall be exempt from any District-wide furloughs and from any District-wide agency budget and/or personnel reductions that may be otherwise imposed.

### ***b. Benchmark and Current Performance***

The Mayor's FY2008 budget was presented to the Council of the District of Columbia in April 2007. The Council accepted and completed work on the budget which is expected to be transmitted to Congress on June 4, 2007. The budget request of \$280,944,064 is an approximately 8% increase over FY2007. On-going increases in the CFSA budget have assisted the Agency in numerous ways to include hiring and retaining staff at adequate levels, reducing caseloads to below MFO standards and developing the necessary infrastructure to operate a functional child welfare system. The Monitor believes these resources provide an adequate foundation for the Agency.

In addition to the funding provided to CFSA, the Department of Mental Health received an additional \$2.8 million in funding to augment mental health services for children in foster care. This remains an area of concern insofar as it is not clear that the currently available resources, despite this increase, will meet the needs. The Monitor is involved in regular meetings with CFSA and DMH to track and assess the adequacy of funding, staffing and collaboration to meet children's mental health needs.

**Summary Chart 29 - Goal II-D:  
Resource Development and System Accountability**

Requirement	Current Benchmark	Status as of April 30, 2006	Status as of January 31, 2007	Direction of Change
<b>Benchmarks Achieved</b>				
Financial support to community- and neighborhood-based services			\$15.9 million	Achieved
Budget Sufficiency			\$280,944,064 For FY08	Achieved
<b>Benchmarks Not Achieved</b>				
Resource development plan			See Appendix A	
Post-adoption services			2 CFSA Post-Adoption Workers  New contract for the Family Center of Adoptions Together	Improved ↑
Caseloads			See caseload table in the narrative	
Worker pre-service training	90%	40%	57%	Improved ↑

Requirement	Current Benchmark	Status as of April 30, 2006	Status as of January 31, 2007	Direction of Change
Supervisor pre-service training	90%	89%	2005 100% CFSA Unknown for Private Agencies  2006 Data validation by the Monitor continues	Unable to Determine
<b>Benchmarks Not Achieved</b>				
Worker in-service training	85%	26%	21%	Declined ↓
Supervisor and Administrator in-service training	85%	89% Supervisors 87% Administrators and Managers	77% Supervisors 59% Administrators and Managers	Declined ↓
Foster parent pre-service training			Insufficient data provided	
Foster parent in-service training			Insufficient data provided	
Quality Assurance System	Development of QA system to meet agency needs		In Process	Improved ↑
Special Corrective Action and Review	Case review process and implementation		Recent QA Plan presented a methodology for completing reviews	No Change
Performance Based Contracting	PBC system in place		In Process	No Change



<b>Requirement</b>	<b>Current Benchmark</b>	<b>Status as of April 30, 2006</b>	<b>Status as of January 31, 2007</b>	<b>Direction of Change</b>
ICPC	Comply with ICPC		324 children (28%) in ICPC backlog	No Change
Enforcement of Licensing Regulation	Necessary resources to license and monitor		541 of approximately 580 contracted foster homes received visit  No consistent methodology for tracking all foster homes	Improved ↑
Provider Payments	Comply with DC Quick Payment Act		Provider Web and invoicing system developed; PASS payments not resolved	Improved ↑

## **SECTION III: OUTCOMES TO BE MAINTAINED**

### **A. PROTECTIVE SERVICES**

#### ***1. Entering Reports Into Computerized System***

##### ***a. Amended Implementation Plan Requirement***

The District of Columbia's child welfare system is required to immediately enter all reports of abuse or neglect into its computerized information systems and use the system to determine whether there have been prior reports of abuse or neglect in that family or to that child.

##### ***b. Current Performance***

CFSA has reached and continues to maintain full compliance with this performance measure by immediately entering all reports of abuse or neglect into FACES.NET, a system which is State Automated Child Welfare Information System (SACWIS) compliant. FACES.NET is a web-based system which enables authorized users to access the system.

#### ***2. Maintaining 24-Hour Response System***

##### ***a. Amended Implementation Plan Requirement***

CFSA is to staff and maintain a 24-hour system for receiving and responding to reports of child abuse and neglect, which conforms to reasonable professional standards.

##### ***b. Current Performance***

CFSA maintains a 24-hour Hotline in its Child Protective Services (CPS) Administration to receive reports of alleged child maltreatment. Calls to the Hotline, however, are not limited to reports of alleged abuse or neglect. A range of calls are fielded by Hotline workers. For example, in January 2007, CFSA received 195 calls to the Hotline which were deemed to be calls for information or a referral.

During the month of January 2007 the Hotline received 460 reports of alleged child abuse or neglect at its Hotline. Almost all of those reports, 433 (94%), were accepted for investigation. The remaining 27 calls were allegations deemed to be "screened out" by a CPS supervisor, that is, not meeting the criteria for investigation.

According to CFSA policy, a report of child maltreatment shall meet the following criteria:

1. sufficient identifying information to locate the victim or the family (e.g., last known address or where the child can be located);

2. information meets the definition of abuse or neglect (as defined by District of Columbia Code §16);
3. victim is under the age of 18 years old;
4. incident must have occurred within the District of Columbia;
5. report is made in good faith; and
6. perpetrator is the child's parent, family member, or anyone responsible for the child's welfare at the time of the incident (intrafamilial abuse or institutional abuse).

Throughout FY 2006, the proportion of CPS calls not meeting one or more of the above criteria and thus screened out ranged from 8% to 12%; the months of December 2006 and January 2007 deviated from this trend, as the percentage of screened out calls was significantly lower.

***c. Additional Comments***

Over the past few months there have been reports to the Monitor and CFSA of extensive wait time before calls to the Hotline are answered by a worker and of "dropped calls" or disconnections while waiting for a response. Staff of the Monitor's office called the CFSA hotline during this time and experienced the same problem. CFSA believes these problem calls were due to having one or less operators available at those times to answer the calls. In addition, CFSA reports that its telecommunications provider, Verizon, is repairing a telephone line which indicates a ringing tone to the caller but does not connect to the Agency's telephone. Once the line is repaired, all calls are expected to queue to the system to await the next available worker. Reportedly, periodic test calls are now conducted by all levels of CFSA management to ensure the effectiveness and efficiency of the Hotline system. Even if there had been no telephone system problems, in the Monitor's view, there should never be only one person responding to calls to the Hotline.

The Monitor recommended adding at least one social worker to the Hotline's evening shift, when at times recently, there had only been one person answering calls. CFSA has now added a person by assigning existing staff on an overtime basis. CFSA must permanently staff another position each day during the evening (3:00 p.m. - 1:30 p.m.) and midnight shifts (11:00 p.m. - 9:30 a.m.), so that there are always at least two persons permanently assigned to the Hotline during those times. There is also a vacant Social Service Assistant (SSA) position in one of two units which staffs the evening shift. The SSA is a critical support position to social workers conducting investigations and answering calls at the Hotline.

CFSA reports the expectation is that Hotline staff shall consistently display customer commitment by working through difficult or complex issues until they are satisfactorily resolved and/or referring such calls to the Supervisor or his/her Designee. In March 2007, CFSA initiated a new telephone system on the Hotline which allows for calls to be recorded and produces data which are intended to be used training, quality assurance and tracking of system functioning and trends.

CPS has developed a quality assurance protocol for the Hotline which outlines plans for random, weekly review of recordings of each worker by supervisors as well as weekly recording reviews by Program Managers and monthly reviews by the Program Administrator. The Deputy Director of Program Operations, who oversees the Child Protection Administration, is also expected to randomly review the recording system on a monthly basis. An evaluative tool is being developed to capture the areas most pertinent in assessing a quality call and an efficient response. The Deputy Director also plans to convene a quarterly meeting with CPS management and technology personnel to discuss data findings and troubleshoot problems. The Monitor also believes that data on the response time to answer calls and the number of dropped calls needs to be continuously reviewed.

### **3. *Checking for Prior Reports***

#### ***a. Amended Implementation Plan Requirement***

Child abuse and/or neglect reports shall show evidence that the investigator checked for prior reports of abuse and/or neglect.

#### ***b. Current Performance***

When information about an allegation of child abuse or neglect is logged into FACES by the social worker at the Hotline, a search for prior reports is automatically performed by the computer system in 100% of cases. As reported in the Monitor's February 7, 2006 report on investigations practice, there was additional documentation by the investigating social worker of the family's prior history in 90% of case records reviewed.<sup>1</sup>

### **4. *Reviewing Child Fatalities***

#### ***a. Amended Implementation Plan Requirement***

Through the City-wide Child Fatality Committee and an Internal CFSA Committee, the District of Columbia shall conform to the requirements of the MFO regarding the ongoing independent review of child fatalities of members of the plaintiff class, with procedures for (1) reviewing child deaths; (2) making recommendations concerning appropriate corrective action to avert future fatalities; (3) issuing an annual public report; and (4) considering and implementing recommendations as appropriate.

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<sup>1</sup>[http://www.cssp.org/uploadFiles/An\\_Asmt\\_of\\_Quality\\_of\\_Child\\_Prot\\_Svcs\\_Invest\\_in\\_DC\\_Feb\\_10\\_2006.pdf](http://www.cssp.org/uploadFiles/An_Asmt_of_Quality_of_Child_Prot_Svcs_Invest_in_DC_Feb_10_2006.pdf)

***b. Current Performance***

***City-wide Child Fatality Committee***

Both a City-wide Child Fatality Committee and an Internal CFSA Committee are operative in the District. However, there are outstanding issues limiting the effectiveness of the review process and follow-up corrective action taken to include a current lack of recognition and sanctioning of the committee by the Mayor's office and insufficient membership among key stakeholders.

The City-wide Child Fatality Committee examines interagency issues related to child fatalities. Committee members include representatives from each child and family serving agency of the District (CFSA, Department of Youth Rehabilitative Services, Department of Mental Health, Public Schools, Department of Health, etc.), the Attorney General's office, the Family Court, and staff of the Monitor. Those representatives must have access to Agency directors to provide the Directors with feedback from the Committee, as well as to inform the Committee on behalf of the Director as needed. District law also requires the District Council members to appoint residents from each Ward to serve on the Committee, which has not occurred in several years. In addition, it is critical that there be involvement from the Mayor's office to provide leadership in bringing the agencies together to find solutions that will end preventable child deaths in the District and for holding the agencies accountable for following recommendations of the Committee.

The City-wide Committee's 2006 report is due by December 31, 2007. The Committee's 2005 report contained key recommendations for improved system's functioning across the child and family serving agencies.

An internal child fatality committee at CFSA meets monthly to review the cases of children and their families when the child or family had been involved with CFSA within the last four calendar years prior to the child's deaths to determine what Agency level action can be taken to reduce preventable child deaths. Recommendations of this committee are shared with the District's City-wide Child Fatality Review Committee, which examines interagency issues related to child fatalities. CFSA's review committee includes CFSA's Quality Improvement and Training staff, a Program Administrator, the social worker, supervisor and manager who had case responsibility for the deceased child or family, representation from the city-wide committee, a community representative, and staff of the Monitor.

During the 2006 calendar year CFSA's Internal Committee reviewed the cases of 66 children. As of January 31, 2007, the cases of 13 children were pending review. Four of these cases were scheduled for review in February, five were scheduled for review in March and four were scheduled for review in April.

CFSA issued a Child Fatality report in October 2006 with statistics, analyses, and recommendations for the cases reviewed of children who died in 2005. This report outlines CFSA actions on recommendations from the 2004 report and documents recommendations made by the City-wide Committee in 2005 as well as CFSA responses to those recommendations.<sup>[1]</sup> The table below provides information on children who dies in 2006 and whose families were known to the Agency within the past four years.

**Table 30: Demographic of Child Fatalities in 2006 for those Children Whose Family was Known to CFSA within the Past Four Years as of May 3, 2007**

Age in years	Number Of children/youth	Male	Female	Status of CFSA Involvement at time of death					Manner of Death					
				Closed investigation No case	Open in-home case	Closed in-home case	Open foster care case	Closed foster care case	Natural	Accidental	Homicide	Undetermined	Unknown	Pending
<2	21	11	10	10	4	4	3	0	14	0	0	4	2	1
2-6	2	2	0	0	0	1	1	0	1	1	0	0	0	0
7-12	4	4	0	2	0	0	1	1	1	3	0	0	0	0
13-16	8	5	3	3	0	0	3	2	5	0	2	0	1	0
17+	20	17	3	11	0	3	2	4	4	1	14	0	1	0
<b>Totals</b>	<b>55</b>	<b>39</b>	<b>16</b>	<b>26</b>	<b>4</b>	<b>8</b>	<b>10</b>	<b>7</b>	<b>25</b>	<b>6</b>	<b>16</b>	<b>4</b>	<b>2</b>	<b>1</b>

Source: CFSA administrative data

\* Note: In Manner of Death, there are two categories of *Homicide* cases: 1. Abuse/Homicide (N=0) in which the child died as result of abuse and/or neglect by the biological parents or caregivers and 2. Homicide (N=17) in which the child's death was not related to child abuse and/or neglect and not by the biological parents or caregivers.

<sup>[1]</sup> [http://www.cfsa.dc.gov/cfsa/frames.asp?doc=/cfsa/lib/cfsa/frames/pdf/Child\\_Fatality\\_Report.pdf](http://www.cfsa.dc.gov/cfsa/frames.asp?doc=/cfsa/lib/cfsa/frames/pdf/Child_Fatality_Report.pdf)

***c. Additional Comments***

In May of 2006, with follow-up in January 2007, CFSA received consultation from the National Resource Center on Child Protective Services, of the National Resource Centers Network funded by the Federal Children's Bureau. CFSA requested technical assistance to improve the child fatality review process including the content and format of the child fatality reports, the child fatality review outcomes and the coordination between the CFSA and the City-Wide Fatality Review Committee (CFRC). Strengths of both the CFSA and City-wide Review process, areas for improvement and strategies were identified. CFSA and City-wide Review staff met to review and discuss implementation of suggested strategies and will continue to meet periodically to examine progress in improving the review process.

***Summary Chart 31 – III-A: Protective Services***

<b>Requirement<sup>2</sup></b>	<b>Status as of January 31, 2007</b>	<b>Outcome Maintained?</b>
Entering Reports into Computerized System	Achieved	Yes
Maintaining 24-Hour Response System	Achieved	<i>Yes, a 24-hour system exists but there have been serious recent problems with its functioning which warrant immediate correction and close scrutiny /Recent problems in prompt response to Hotline calls</i>
Checking for Prior Reports	Achieved	Yes
Reviewing Child Fatalities	Achieved	Yes

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<sup>2</sup> Unless otherwise noted, the benchmark for each requirement is "Full Compliance"

## **B. EMERGENCY CARE AND GENERAL ASSISTANCE**

### **5. Policies for General Assistance Payments**

#### ***a. Amended Implementation Plan Requirement***

CFSA shall have in place policies and procedures for appropriate use of general assistance payments for the care of children by unrelated adults, including provision of any applicable oversight and supervision.

#### ***b. Current Performance***

The District does not use general assistance payments for children who have been removed from their home subsequent to a child welfare investigation. CFSA has achieved and maintains this requirement.

### **6. Use of General Assistance Payments**

#### ***a. Amended Implementation Plan Requirement***

CFSA must demonstrate that District General Assistance payment grants are not used as a substitute for financial supports for foster care or kinship care for District children who have been subject to child abuse or neglect.

#### ***b. Current Performance***

This requirement has been met and sustained. CFSA has established and implemented policies and procedures for financial assistance to non-relative caregivers who are licensed as foster parents, as well as temporarily and permanently licensed kinship caregivers. All licensed caregivers are provided a minimal monthly rate for the support of children; the rate increases based on a child's age and needs.

### ***Summary Chart 32 – III-B: Emergency Care and General Assistance***

<b>Requirement</b>	<b>Status as of January 31, 2007</b>	<b>Outcome Maintained?</b>
Policies for General Assistance Payments	Achieved	Yes
Use of General Assistance Payments	Achieved	Yes



## C. PERMANENCY PLANNING AND PLACEMENT OF CHILDREN

### 7. Licensing and Placement Standards

#### a. Amended Implementation Plan Requirement

Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards.

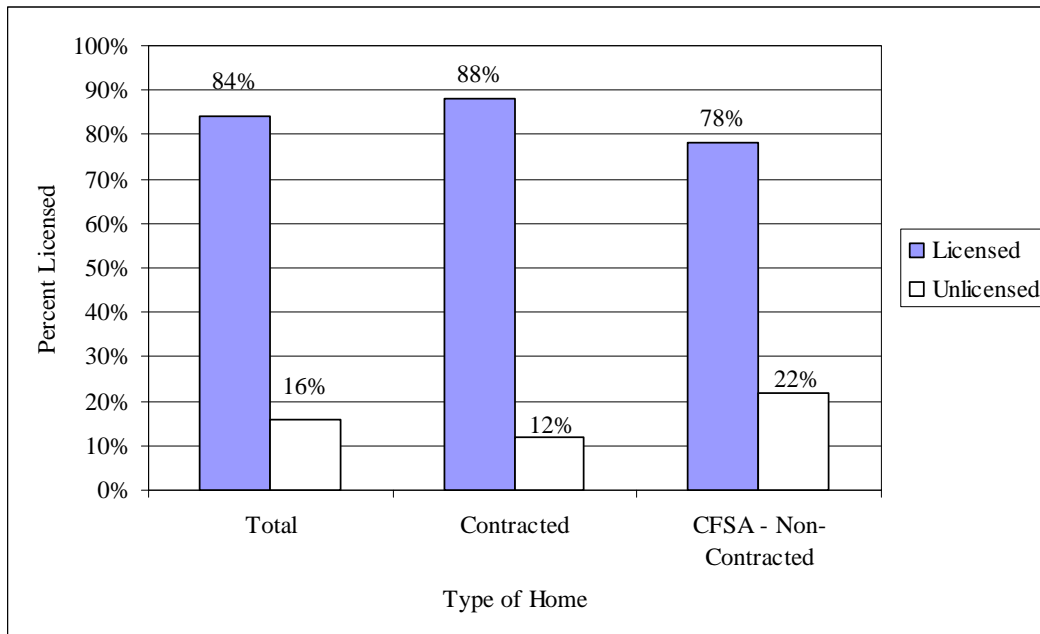
#### b. Current Performance

##### *Foster Home Licensure*

As of January 31, 2007, there were 1039 foster homes in which children were placed. Of those 1039 foster homes, 871 (84%) had current and valid licenses or ICPC approval.

There is some variance between CFSA and the private contract agencies as to the percentage of foster homes in which children are placed which have current and valid licenses. CFSA reports that it has oversight responsibility for 450 foster homes with children placed. Of the 450 foster homes, 353 (78%) had current licenses. The private agencies have oversight for 589 foster homes. Of those 589 foster homes, 518 (88%) of the homes were licensed.

**Figure 33: Licensed Foster Homes  
as of January 31, 2007  
(N=1039)**



Source: CFSA administrative data

*Group Home and Independent Living Facilities*

CFSA reports that as of January 31, 2007, 100% of the group homes and 99% of the independent living facilities in the District were licensed. In addition, 100% of the group homes and independent living facilities in Maryland were licensed as of January 31, 2007.

***a. Amended Implementation Plan Requirement***

Children in foster home placements shall be in homes that (a) have no more than three foster children or (b) have six total children including the family's natural children; (c) have no more than two children under two years of age or (d) have more than three children under six years of age. The sole exception shall be those instances in which the placement of a sibling group, with no other children in the home, shall exceed these limits.

***b. Current Performance***

As of January 31, 2007 there were 10 homes in the District and 18 homes in Maryland with more than three foster children. Children placed in these 28 homes represented 7% (113) of the 1667 children in CFSA custody at that time. There were no foster homes with more than six total children. Less than 1% of children in foster care were in each of the remaining categories: six children (.4%) resided in a foster home with more than two other children under the age of two and four children (.2%) under the age of six resided with more than three other children under the age of six.<sup>3</sup>

***c. Amended Implementation Plan Requirement***

No child shall be placed in a group-care setting with a capacity in excess of eight (8) children without express written approval by the Director or designee based on written documentation that the child's needs can only be met in that specific facility, including a description of the services available in the facility to address the individual child's needs.

***d. Current Performance***

There were 36 (23%) children placed in three group homes with more than eight other children as of January 31, 2007. This is a slight increase of two children from the last Monitor's report as of April 30, 2006 when 34 children (21%) resided in a group home with more than eight other children. The Monitor has requested but has not yet received these approvals for verification.

***e. Additional Comments***

The Monitor is concerned that the number of children over placed in group homes is increasing. The Monitor plans again review the CFSA approval process for placing more than eight children and review specific information about both each child's needs as well as the facilities in which they are placed.

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<sup>3</sup> Children could be in multiple categories.

***f. Amended Implementation Plan Requirement***

Children shall not be placed in a foster care home or facility in excess of its licensed capacity. The sole exception shall be those instances in which the placement of a sibling group, with no other children in the home, shall exceed the limits.

***g. Current Performance***

While the Agency substantially improved on this benchmark overall over the past several years, as of January 31, 2007, 113 (7%) children were placed in foster homes exceeding licensing capacity. This represents an increase from April 30, 2006 when 73 (4%) children were placed in foster homes exceeding licensed capacity.

***8. Appropriate Permanency Goals***

***a. Amended Implementation Plan Requirement***

No child under the age of 12 shall have a permanency goal of legal custody with permanent caretakers unless he or she is placed with a relative who is willing to assume long-term responsibility for the child and who has legitimate reasons for not adopting the child and it is in the child's best interest to remain in the home of the relative rather than be considered for adoption by another person. No child under the age of 12 shall have a permanency goal of continued foster care unless CFSA has made every reasonable effort, documented in the record, to return the child home, to place the child with an appropriate family member, and to place the child for adoption, and CFSA has considered and rejected the possibility of the child's foster parents assuming legal custody as permanent caretakers of the child.

***b. Current Performance***

As of January 31, 2007, CFSA data shows no child age 12 or younger with a permanency goal of legal custody, long term or continued foster care. By policy and practice, long term foster care and continued foster care are no longer used as permanency goals for children.

***9. Post-Adoption Services Notification***

***a. Amended Implementation Plan Requirement***

All adoptive families shall receive notification at the time that the adoption becomes final of the availability of post-adoption services.

***b. Current Performance***

Social workers are expected to provide families with information about services available post-adoption. In addition, CFSA had been notifying families by mail of the existence of the Adoption Resource Center upon receiving information from the Family Court that an adoption decree had been issued. CFSA has now contracted with a new provider for post-adoption and post-guardianship services and plans a mass mailing about their services to all families who are receiving adoption and guardianship subsidy. The new provider will offer crisis intervention services, short- term family and individual counseling, support groups,

advocacy, identification of respite care providers, training and short term case management for families. This letter will also give information about accessing the CFSA Post Permanency unit which provides information, training and referrals to on-going support services for families.

***Summary Chart 34 – III-C: Permanency Planning and Placement of Children***

<b>Requirement</b>	<b>Status as of January 31, 2007</b>	<b>Outcome Maintained?</b>
Children in foster homes with more than three foster children  Benchmark: No More than 8%	Achieved: 7%	Yes
Children in foster homes with more than six total children  Benchmark: No More than 8%	Achieved: 0	Yes
Children in foster homes with more than two children under age 2  Benchmark: No More than 8%	Achieved: <1%	Yes
Children in foster homes with more than three children under age 6  Benchmark: No More than 8%	Achieved: <1%	Yes
Valid Foster Home and Congregate Care Licenses	871 (84%) of foster homes 99-100% of congregate care facilities	No for foster homes Yes for congregate care
No group-care setting with capacity in excess of 8 children without the written approval of the Director or designee	Not Achieved 36 (23%) children placed across three group homes with more than eight other children	Unknown Data not provided
No Inappropriate Permanency Goals	Achieved	Yes

Requirement	Status as of January 31, 2007	Outcome Maintained?
<p>CFSA will make available post-adoptions services necessary to preserve families who have adopted a child from CFSA or from a contracted agency</p> <p>Benchmark: 80%</p>	Achieved	Yes

## D. CASE REVIEW SYSTEM

### 10. Administrative Reviews

#### a. Amended Implementation Plan Requirement

- a. By September 30, 2005, CFSA shall have implemented an Administrative Case Review process, as defined in Section X.B.1(a-c) of the MFO, with sufficient staff resources to review foster care cases within 180 days of a child's entry into foster care and every 180 days thereafter.
- b. Foster care cases shall have had an Administrative Case Review within 180 days of the child entering care and every 180 days thereafter. The Administrative Case Review process shall:
  1. Be staffed by qualified social workers
  2. Provide advance notification to social workers, parents, foster parents, youth, Guardians ad litem, and involved service providers as appropriate
  3. Be efficiently and conveniently scheduled to ensure maximum participation of involved parties, especially parents, as appropriate
- c. Provide for a comprehensive review of case progress, the appropriateness of permanency goals and placement, and adequacy of services to meet permanency goals and to promote the safety, permanence and well-being of the child; and
- d. Be structured to provide feedback to CFSA management on compliance with agency policies and procedures, District of Columbia law and the MFO

#### b. Current Performance

CFSA has achieved and maintained compliance with this benchmark by having implemented an administrative review process which includes scheduling, notification of desired participants, tracking data related to overall performance of the Administrative review unit as well as child specific needs, and the creation of review summaries detailing the outcomes of the reviews. As of January 31, 2007, of the 2065 children who had been in care 180 days or more and whose case was entitled for a Review, a meeting was held in a timely manner for 2046 (99%) children. There were 13 children (less than 1%) who were overdue for an Administrative Review and 6 children (less than 1%) who have been in care more than 180

days and had an Administrative Review. This marks an improvement from last years' level of 98% of children having and Administrative Review in the past 180 days, and 31 children being overdue for their next review.

**Table 35: Administrative Reviews  
as of January 31, 2007**

<b>Administrative Review Status</b>	<b>Number</b>	<b>Percent</b>
<b>Children in care 180 days or more</b>	<b>2065</b>	
Children for whom an Administrative Review was held	2046	99%
Children who are overdue for an Administrative Review	13	.6%
Children who have never had an Administrative Review	6	.3%

Source: CFSA administrative data

***c. Additional Comments***

While Administrative Reviews are consistently scheduled and held for children, CFSA is concerned that the participation rate of key persons is low (e.g. birth parents, foster parents, and youth). In July 2006, the CFSA Quality Assurance (QA) unit conducted a survey of 65 individuals who were invited to but did not attend an Administrative Reviews during the same month. The purpose of the survey was to identify ways to increase participation in meetings. The QA unit reports that among reasons for missing reviews were: not being informed of the Review, inconvenient meeting times, and conflicts with work or school hours. Most respondents (86%) stated they would attend a future review. Of the 44 individuals who attended a previous review, most (37) agreed they received respectful treatment and most agreed with recommendations made in past reviews (37 of 42). Some notable findings included that about one-third of respondents (14 of 43) disagreed with the statement that there was "resolution of issues during" meetings they attended and some (16 of 41) disagreed with the statement that the reviews "will be helpful to move the children to permanent homes."

In response to these survey findings, the CFSA's Quality Improvement Administration educated CFSA and private agency staff on the availability of reviews during evening hours. The Quality Improvement Administration also developed a list of Frequently Asked Questions (FAQ) to explain the purpose of reviews, what stakeholders should do if they cannot attend, and availability of telephone conferencing. As of December 2006, the FAQ is mailed with meeting notification letters.

## 11. Permanency Hearings

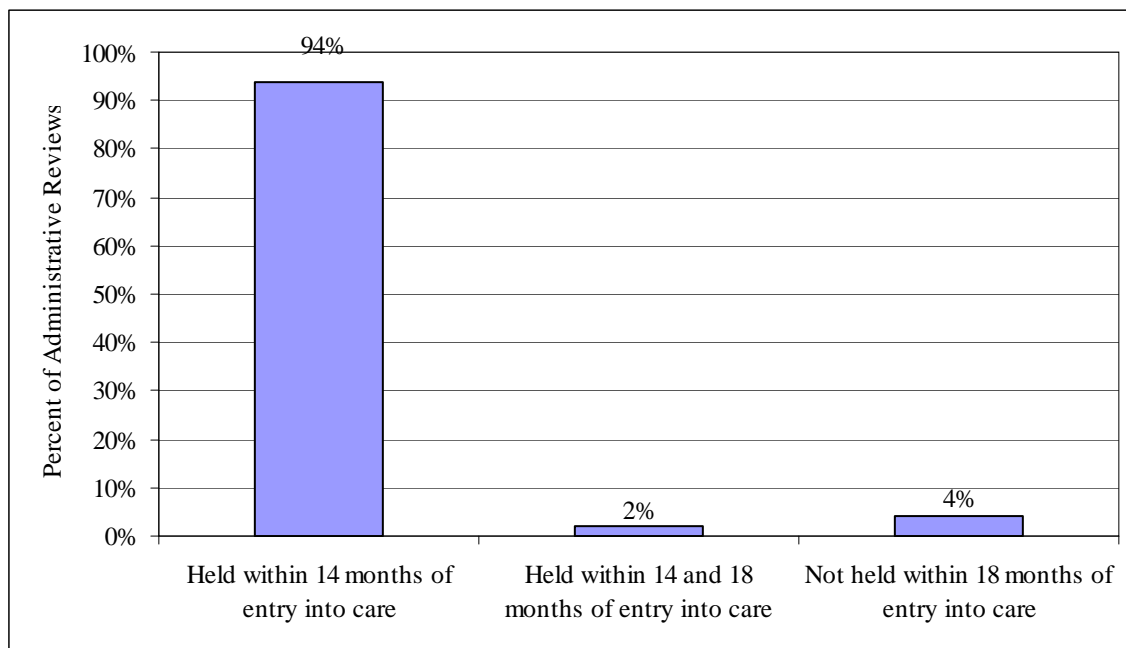
### *a. Amended Implementation Plan Requirement*

CFSA shall make every reasonable effort to ensure that children in foster care have a permanency hearing in Family Court no later than 14 months after their initial placement.

### *b. Current Performance*

As of January 31, 2007, there were 710 children who had entered care within the past 18 months. Of these 710 children, 332 children have been in care for 14 months or more as of January 31, 2007. Of those 332 children, 313 (94%) had a permanency hearing in Family Court within 14 months of entering care. A permanency hearing was held for 6 (2%) children between 14 and 18 months of their entry in foster care. For 13 (4%) children, in care for up to 18 months, a permanency hearing had not yet been held.

**Figure 36: Status of Initial Permanency Hearings  
as of January 31, 2007  
(N=332)**



Source: CFSA administrative data

### ***Summary Chart 37 – III-D: Case Review***

<b>Requirement</b>	<b>Status as of January 31, 2007</b>	<b>Outcome Maintained?</b>
Administrative Reviews	Achieved: 99%	Yes
Permanency Hearings	Achieved: 94%	Yes

## **E. CASELOADS, STAFFING, AND WORKER QUALIFICATION**

### ***12. MSW and BSW Staff***

#### ***a. Amended Implementation Plan Requirement***

Unless otherwise agreed, all social worker hires at CFSA shall have an MSW or BSW degree before being employed as trainees.

#### ***b. Current Performance***

Currently all social workers hired at CFSA must have an MSW or BSW degree before being employed as trainees. CFSA reports that during the calendar year 2006, they hired 43 Masters level social workers and seven Bachelors level social workers. CFSA does not collect hiring data from private agencies for this measure. The Monitor will seek and report on specific information from private agencies for subsequent reports.

### ***13. Social Work Licensure***

#### ***a. Amended Implementation Plan Requirement***

All social work staff shall meet District of Columbia licensing requirements to carry cases independently of training units.

#### ***b. Current Performance***

CFSA will hire social workers who do not have a license, but only if they have a passing score on the required level of the national examination<sup>4</sup> or on another examination determined by the Board to be equivalent. These workers must also have applied for licensure in the District and expect to receive it within 30 days of employment. In the interim, the newly hired worker can only practice under supervision of a social worker licensed to practice in the District.

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<sup>4</sup> The examination sponsored by the Association of Social Work Boards social work regulatory bodies in 58 jurisdictions: 50 states, U.S. Virgin Island and some Canadian provinces.



Additionally, for social workers already licensed outside of the District, CFSA honors reciprocal licensing agreements contingent upon the social worker being “in good standing as a social worker” and having submitted the requisite documents to the District licensing Board.

***Summary Chart 38 – III-E: Caseloads and Staffing***

<b>Requirement</b>	<b>Status as of January 31, 2007</b>	<b>Outcome Maintained?</b>
Hiring MSW and BSW-level social workers	Achieved: 100%	Yes (To be determined for private agencies)
Social work licensure for independent case responsibility	Achieved: 100%	Yes

## **F. TRAINING**

### ***14. Training for Adoptive Parents***

#### ***a. Amended Implementation Plan Requirement***

Adoptive parents shall receive a minimum of 30 hours of training, excluding the orientation process.

#### ***b. Current Performance***

Foster and adoptive parents are trained and licensed at the same time using the same process. Prospective parents with the private agencies are trained using the PRIDE curriculum and CFSA prospective parents are trained using the MAPP curriculum. Both curricula, plus first aid and CPR, include the required training hours. Licenses are not issued to prospective parents prior to the completion of pre-service training.

FACES data related to this requirement are not reliable, however, and undercount the number of prospective parents receiving the training. The Monitor is working with CFSA to provide better data related to training for adoptive parents.

***Summary Chart 39 – III-F: Training***

<b>Requirement</b>	<b>Status as of January 31, 2007</b>	<b>Outcome Maintained?</b>
Training for Adoptive Parents	CFSA continues to have limited data related to this requirement	Insufficient data provided

**G. RESOURCE DEVELOPMENT**

***15. Needs Assessment and Resource Development Plan***

***a. Amended Implementation Plan Requirement***

CFSA shall complete a needs assessment every two years, which shall include an assessment of placement support services, to determine what services are available and the number and categories of additional services and resources, if any, that are necessary to ensure compliance with the MFO. The needs assessment shall be a written report. The needs assessment, including the report, shall be repeated every two years. CFSA shall provide evidence of adequate Resource Development capacity within the Agency, with sufficient staff and other resources to carry out MFO resource development functions.

***b. Current Performance***

As Mandated by Chapter XV of the LaShawn Implementation Plan, CFSA last completed a Needs Assessment in December of 2005 and is on schedule to do a new one by the end of 2007. The agency is currently working to implement its associated Resource Development Plan.

CFSA reports that the 2005 Needs Assessment greatly deepened the Agency's understanding of the necessary resources to provide for foster children and their families, and specifically sought to address the main issues garnered from birth parents, foster parents, foster youth, social workers and stakeholders' feedback during the 2003 Needs Assessment. These topics include placement issues, domestic violence, trauma and community violence, and the troubling concern of HIV/AIDS prevalence among foster youth and birth families.

The 2007 Needs Assessment team has developed an outline for the 2007 report. A full work plan is in the development stages. An internal team has been appointed to prepare the 2007 Needs Assessment and enlist external advisors.

***c. Amended Implementation Plan Requirement***

The District shall develop a Resource Development Plan, which shall be updated annually by June 30th of each year. The Resource Development Plan shall: (a) project the number of emergency placements, foster homes, group homes, therapeutic foster homes and institutional placements that shall be required by children in CFSA custody during the upcoming year; (b) identify strategies to assure that CFSA has available, either directly or through contract, a sufficient number of appropriate placements for all children in its physical or legal custody; (c) project the need for community-based services to prevent unnecessary placement, replacement, adoption and foster home disruption; (d) identify how the Agency is moving to ensure decentralized neighborhood and community-based services; and (e) include an assessment of the need for adoptive families and strategies for recruitment, training and retention of adoptive families based on the annual assessment. The Plan shall specify the quantity of each category of resources and services, the time period within which they shall be developed, and the specific steps that shall be taken to ensure that they are developed. CFSA shall then take necessary steps to implement this plan.

***d. Current Performance***

The Agency has developed the necessary internal analytic capacity to produce annual resource development plans. The most recent Resource Development Plan meets the requirements stated above and is now published each year on a date that brings it more in line with the District's budget cycle. The District has not met many of the goals set forth in the Plan. See Appendix A for more information on the Resource Development Plan.

***16. Foster Parent Licensure***

***a. Amended Implementation Plan Requirement***

CFSA shall license relatives as foster parents in accordance with District law, District licensing regulations and ASFA Requirements.

***b. Current Performance***

CFSA licenses relatives as foster parents or "kinship foster parents." Kinship caregivers are persons who are at least 21 years of age and is either (1) a relative of the foster child by blood, marriage, or adoption; or (2) identified by a relative of the foster child by blood, marriage or adoption, in a sworn affidavit, to have close personal or emotional ties with the foster child or the foster child's family, which pre-dated the foster child's placement with the individual." At this time, CFSA is able to issue temporary kinship licenses and place children with persons meeting the aforementioned criteria, pending full licensure. However, temporary licensure is only valid for kinship caregivers who reside in the District of Columbia. Children with kin who reside in Maryland or Virginia and are interested in caring for them must be placed elsewhere while those potential caregivers are fully licensed by a licensed child placing agency in that jurisdiction, a process that can take several months and from a child, youth's and caretaker's perspective, often seems unnecessarily lengthy.

### ***Summary Chart 40 – III-G: Resource Development***

<b>Requirement</b>	<b>Status as of January 31, 2007</b>	<b>Outcome Maintained?</b>
Completion of Needs Assessment and Resource Development Plan	Achieved	Yes
Procedures for Licensing Relatives as Foster Parents	Achieved	Yes

## **H. CONTRACT REVIEW**

### ***17. Maintaining Computerized System***

#### ***a. Amended Implementation Plan Requirement***

CFSA shall develop and maintain a unitary computerized information system and shall take all reasonable and necessary steps to achieve and maintain accuracy.

#### ***b. Current Performance***

CFSA has reached full compliance and achieved this benchmark: CFSA maintains FACES.NET and immediately enters all reports of abuse or neglect into FACES.

#### ***c. Additional Comments***

In February 2006, CFSA implemented the web-based version of the District's Federally-approved State Automated Child Welfare Information System (SACWIS). The FACES system, now called FACES.NET, was the first SACWIS in the country to move from a client-server system to being web-based.

In the first few months following the web-based implementation, the CFSA's Child Information Systems Administration which maintains direct responsibility for FACE.NET, in conjunction with consultants from its vendor partner, focused attention on stabilizing the system and improving performance. CFSA reports that by September 2006, a total of eleven builds or reconstructions had occurred which addressed the vast majority of system bugs. Steps were also taken to improve system and screen performance with assistance from staff of Microsoft and functional design changes were made to the Contacts and Visit Log screens to allow for easier data entry.

In November 2006, a significant enhancement was made to the system to aid in CFSA's placement and fiscal operations with the integration of the Placement Provider Web. An enhancement of the Placement Provider web allows CFSA's private agency partners (both

family-based and congregate care) to review placements within their agency and submit invoices for prior months on-line.

***d. Amended Implementation Plan Requirement***

CFSA shall provide evidence of the capacity of FACES Management Information System to produce appropriate, timely, and accurate worker/supervisor reports and other management reports that shall assist the Agency in meeting goals of safety, permanence and well-being and the Requirements of the MFO.

***e. Current Performance***

CFSA has achieved and maintains this benchmark: FACES.NET produces appropriate, timely and accurate reports.

***18. Contracts to Require the Acceptance of Children Referred***

***a. Amended Implementation Plan Requirement***

CFSA contracts for services shall include a provision that requires the provider to accept all clients referred pursuant to the terms of the contract, except for a lack of vacancy.

***b. Current Performance***

Each of CFSA's family based contracts contains a clause stating that: "The Contractor shall accept all children referred for placement by CFSA when a vacancy exists in one of its licensed homes."

***19. Federal Revenue Maximization***

***a. Amended Implementation Plan Requirement***

CFSA shall demonstrate compliance with Sections A and B of Chapter XVIII of the Modified Final Order concerning federal revenue maximization and financial development.

***b. Current Performance***

CFSA continues to work with consultants as needed to increase Title IV-E reimbursements.

The Business Services Administration (BSA) serves primarily as a revenue-processing unit, responsible for the administration, processing and management of all federal revenue claiming functions within the Child and Family Services Agency.

CFSA reports that the Eligibility Unit within the BSA recently increased its staff, which now consists of six Eligibility Technicians and one Supervisory Eligibility Technician. CFSA reports that this increase in staff should result in an increase in eligibility determinations and Title IV-E federal claiming.

***c. Additional Comments***

CFSA reported that during FY 2007, the Agency intends to focus on revenue maximization and anticipates increased revenue of approximately \$1.2 million above the FY 2008 proposed budget amount. Since this increased revenue will be one-time for FY 2007, it will not be carried into the FY 2008 budget. The change is due to better projections combined with impact from the Federal Deficit Reduction Act of 2005 which placed a number of restrictions on states in claiming federal reimbursement for activities under the Medicaid and Title IV-E (Foster Care) programs. Specifically, there are three provisions that have the greatest impact on the CFSA budget:

- (1) a reduction of the number of claimable activities (particularly those related to placement services) under Medicaid's targeted case management program;
- (2) the creation of a more restrictive definition of children considered "candidates" for foster care administrative claiming; and
- (3) the inability to claim Title IV-E administrative costs for otherwise "eligible" clients who are placed in an unlicensed placement.

Analyses conducted by the CFSA on the impact of these statutory changes on federal revenue maximization, and verified by consultants working with the Agency, indicated a maximum potential loss of federal revenue to CFSA's budget of \$5 million.

***20. Foster Parent Board Rates***

***a. Amended Implementation Plan Requirement***

There shall be an annual adjustment at the beginning of each fiscal year of board rates for all foster and adoptive homes to equal the USDA annual adjustment to maintain rates consistent with USDA standards for costs of raising a child in the urban south.

***b. Current Performance***

The board rate for all foster and adoptive homes continues to be increased annually by CFSA to remain current with U.S. Department of Agriculture (USDA) standards for raising a child in the urban south. The most recent adjustment was effective January 2007 for both CFSA and private agency foster parents. The rate is between \$871.69 and \$1108.68 per month for children age 11 and under, and between \$942.76 and \$1230.68 per month for children age 12 and over.<sup>5</sup>

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<sup>5</sup> The Foster Care monthly rates vary depending on whether it is a 30 v. 31 day month. For purposes of this report, the average was documented

***Summary Chart 41 – III-H: Contract Review***

<b>Requirement</b>	<b>Status as of January 31, 2007</b>	<b>Outcome Maintained?</b>
Maintaining Computerized System	Achieved	Yes
Contracts to Require Acceptance of Children Referred	Achieved	Yes
Federal Revenue Maximization	Achieved	Yes
Foster Parent Board Rates to meet USDA standard	Achieved	Yes

## OVERALL SUMMARY CHART 42:

### Protective Services

Requirement	Status as of January 31, 2007	Outcome Maintained?
<b>1) Entering Reports into Computerized System</b>  CFSA shall immediately enter all reports of abuse or neglect into its computerized information systems and shall use the system to determine whether there have been prior reports of abuse or neglect in that family or to that child.	CFSA immediately enters all reports of abuse or neglect into FACES	Yes
<b>2) Maintaining 24 Hour Response System</b>  CFSA shall staff and maintain a 24-hour system for receiving and responding to reports of child abuse and neglect, which conforms to reasonable professional standards.	CFSA maintains a 24-hour Hotline in its Child Protective Services (CPS) Administration to receive reports of alleged child maltreatment.	<i>Yes, a 24-hour system exists but there have been serious recent problems with its functioning which warrant immediate correction and close scrutiny</i>
<b>3) Checking for Prior Reports</b>  Child abuse and/or neglect reports shall show evidence that the investigator checked for prior reports of abuse and/or neglect	Benchmark Achieved: FACES automatically performs a search for prior reports. As of February 7, 2006 investigative social workers documented awareness of a family's prior history of the agency in 90% of case records reviewed.	Yes
<b>4) Reviewing Child Fatalities</b>  The District of Columbia, through the City-wide Child Fatality Committee, and an Internal CFSA Committee, shall conform to the requirements of the MFO regarding the ongoing independent review of child fatalities of members of the plaintiff class, with procedures for (1) reviewing child deaths; (2) making recommendations concerning appropriate corrective action to avert future fatalities; (3) issuing an annual public report; and (4) considering and implementing recommendations as appropriate.	Achieved Both a City-wide Child Fatality Committee and an Internal CFSA Committee are operational as required	Yes



## Emergency Care and General Assistance

Requirement	Status as of January 31, 2007	Outcome Maintained?
<b>5) Policies for General Assistance Payments</b>  CFSA shall have in place policies and procedures for appropriate use of general assistance payments for the care of children by unrelated adults, including provision of any applicable oversight and supervision.	CFSA uses general assistance payments appropriately; The Amended Implementation Plan requirements related to Emergency Care and General Assistance have been met.	Yes
<b>6) Use of General Assistance Payments</b>  CFSA shall demonstrate that District General Assistance payment grants are not used as a substitute for financial supports for foster care or kinship care for District children who have been subject to child abuse or neglect.	CFSA demonstrates that general assistance payments are not used as a substitute for financial supports for foster care or kinship care	Yes

## Permanency Planning and Placement of Children

Requirement	Status as of January 31, 2007	Outcome Maintained?
<b>7) Licensing and Placement Standards</b>  a. Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards.  b. Children in foster home placements shall be in homes that (a) have no more than three foster children or (b) have six total children including the family's natural children; (c) Have no more than two children under two years of age or (d) have more than three children under six years of age. The sole exception shall be those instances in which the placement of a sibling group, with no other children in the home, shall exceed these limits.  c. No child shall be placed in a group-care setting with a capacity in excess of eight (8) children without express written approval by the Director or	a. 84% of foster homes licensed  99-100% of congregate facilities licensed  b. 7% of foster homes with more than 3 foster children  No foster homes with more than 6 children  <1% of children under the age of two placed with more than 2 other children  <1% of children under the age of 6 placed in homes with more than other three children under the age of six  c. 36 (23%) children were placed across three group homes with more than eight other children. Evidence of the Director or her Designee's approval not provided.	No – foster homes  Yes - congregate facilities  Yes  Yes  Yes  Unable to determine Data not provided

<p>designee based on written documentation that the child's needs can only be met in that specific facility, including a description of the services available in the facility to address the individual child's needs.</p> <p>d. Children shall not be placed in a foster care home or facility in excess of its licensed capacity. The sole exception shall be those instances in which the placement of a sibling group, with no other children in the home, shall exceed the limits.</p>	<p>d. 113 (7%) children were placed in foster homes exceeding licensing capacity.</p>	<p>Yes</p>
<p><b>8) Appropriate Permanency Goals</b></p> <p>No child under the age of 12 shall have a permanency goal of legal custody with permanent caretakers unless he or she is placed with a relative who is willing to assume long-term responsibility for the child and who has legitimate reasons for not adopting the child and it is in the child's best interest to remain in the home of the relative rather than be considered for adoption by another person. No child under the age of 12 shall have a permanency goal of continued foster care unless CFSA has made every reasonable effort, documented in the record, to return the child home, to place the child with an appropriate family member, and to place the child for adoption, and CFSA has considered and rejected the possibility of the child's foster parents assuming legal custody as permanent caretakers of the child.</p>	<p>No children 12 and younger with a goal of legal custody or continued foster care.</p>	<p>Yes</p>
<p><b>9) Post-Adoption Services Notification</b></p> <p>Adoptive families shall receive notification at the time that the adoption becomes final of the availability of post-adoption services.</p>	<p>CFSA issued new contract to provider and planning mass mailing with notification of new provider as well as internal services</p>	<p>Yes</p>

## Case Review System

Requirement	Status as of January 31, 2007	Outcome Maintained?
<b>10) Administrative Reviews</b>	99%	Yes
<b>11) Permanency Hearings</b>  CFSA shall make every reasonable effort to ensure that children in foster care have a permanency hearing in Family Court no later than 14 months after their initial placement.	94% within 14 months (2%) between 14 and 18 months of entry in foster care	Yes

## Caseloads, Staffing and Worker Qualification

Requirement	Status as of January 31, 2007	Outcome Maintained?
<b>12) Use of MSWs and BSWs</b>  Unless otherwise agreed, all social worker hires at CFSA shall have an MSW or BSW before being employed as trainees.	CFSA hires only social workers with an MSW or BSW	Yes – CFSA  Unable to Determine – Private agencies
<b>13) Social Work Licensure</b>  All social work staff shall meet District of Columbia licensing requirements to carry cases independently of training units.	Achieved CFSA social work staff meet D.C. licensing requirements	Yes

## Training

Requirement	Status as of January 31, 2007	Outcome Maintained?
<b>14) Training for Adoptive Parents</b>  Adoptive parents shall receive a minimum of 30 hours of training, excluding the orientation process.	Unable to Determine	Unable to Determine

## Resource Development

<b>Requirement</b>	<b>Status as of January 31, 2007</b>	<b>Outcome Maintained?</b>
<p><b>15) Needs Assessment and Resource Development Plan</b></p> <p>a. CFSA shall complete a needs assessment every two years, which shall include an assessment of placement support services, to determine what services are available and the number and categories of additional services and resources, if any, that are necessary to ensure compliance with the MFO.</p> <p>b. The Resource Development Plan shall: (a) project the number of emergency placements, foster homes, group homes, therapeutic foster homes and institutional placements that shall be required by children in CFSA custody during the upcoming year; (b) identify strategies to assure that CFSA has available, either directly or through contract, a sufficient number of appropriate placements for all children in its physical or legal custody; (c) project the need for community-based services to prevent unnecessary placement, replacement, adoption and foster home disruption; (d) identify how the Agency is moving to ensure decentralized neighborhood and community-based services; and (e) include an assessment of the need for adoptive families and strategies for recruitment, training and retention of adoptive families based on the annual assessment. The Plan shall specify the quantity of each category of resources and services, the time period within which they shall be developed, and the specific steps that shall be taken to ensure that they are developed. CFSA shall then take necessary steps to implement this plan.</p>	<p>Achieved CFSA has developed the necessary internal capacity to perform a needs assessment and has completed a thorough analysis of the information gathered</p> <p>2006 Resource Development Plan completed as required  (See Appendix A)</p>	<p>Yes</p> <p>Yes Plan completed  Implementation in process (See Appendix A)</p>

<b>16) Foster Parent Licensure</b> CFSA shall license relatives as foster parents in accordance with District law, District licensing regulations and ASFA requirements.	<p>Achieved</p> <p>CFSA licenses relatives as foster parents</p> <p>(Due to ICPC restrictions, CFSA is able to issue temporary licensure solely for kin who reside in the District of Columbia)</p>	<p>Yes</p>
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## Contract Review

Requirement	Status as of January 31, 2007	Outcome Maintained?
<b>17) Maintaining Computerized System</b>  a. CFSA shall develop and maintain a unitary computerized information system and shall take all reasonable and necessary steps to achieve and maintain accuracy. b. CFSA shall provide evidence of the capacity of FACES Management Information System to produce appropriate, timely, and accurate worker/supervisor reports and other management reports that shall assist the Agency in meeting goals of safety, permanence and well-being and the requirements of the MFO.	<p>Achieved</p> <p>CFSA maintains a web-based computerized system and produces monthly management reports</p>	<p>Yes</p>
<b>18) Contracts to Require the Acceptance of Children Referred</b>  CFSA contracts for services shall include a provision that requires the provider to accept all clients referred pursuant to the terms of the contract, except for a lack of vacancy.	<p>Achieved</p> <p>Each of CFSA's family based contracts contains a clause stating: "The Contractor shall accept all children referred for placement by CFSA when a vacancy exists in one of its licensed homes.</p>	<p>Yes</p>
<b>19) Federal Revenue Maximization</b>  CFSA shall demonstrate compliance with Sections A and B of Chapter XVIII of the Modified Final Order concerning federal revenue maximization and financial development.	<p>Achieved</p>	<p>Yes</p>
<b>20) Foster Parent Board Rates</b>		

There shall be an annual adjustment at the beginning of each fiscal year of board rates for all foster and adoptive homes to equal the USDA annual adjustment to maintain rates consistent with USDA standards for costs of raising a child in the urban south.	Achieved Rates adjusted annually to keep current with U.S. Department of Agriculture standards for raising a child in the urban south	Yes
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## **SECTION IV: 2007 STRATEGY PLAN TO ACHIEVE CRITICAL SAFETY, PERMANENCE AND WELL-BEING OUTCOMES**

The Amended Implementation Plan includes the development of an annual strategy plan with identified actions steps designed to achieve safety, permanency and well-being for children and to reach and sustain the performance goals of the Amended Implementation Plan. The strategies and action steps are in critical areas related to AIP outcomes including investigations, placements, visitation, case planning and health and mental health services.

These strategies are a means to achieving compliance with the required outcomes. The plan is designed to be a tool that can be changed with the approval of the Monitor as needed and is to be updated annually. The Monitor and the Agency will also review the strategies and their implementation as part of discussions of this report and current progress.

The Agency's performance on the strategies due between January and April 2007 is outlined in the following table.

Table 43:

**IMPLEMENTATION STATUS OF AIP STRATEGIES****(Strategies due by April 30, 2007)**

	<b>Due Date</b>	<b>Action Step</b>	<b>Current Status</b>	<b>Achieved/Not Achieved</b>
<b>1</b>	Ongoing	<u>Caseloads</u> . Overstaffing in CPS: CFSA will continue “overstaffing” in Child Protective Services (CPS) to maintain low investigator caseloads (not to exceed 1:12) and/or support creation of an assessment unit. Supervisors will assign new investigations to investigators according to a rotational schedule that includes two consecutive off-rotation days.	In January 2007, 2 of the 50 CPS investigators were carrying over 12 investigation cases. CFSA CPS workers and Supervisors reported during a recent CSSP focus group that the rotational schedule and additional staff are making the workload more manageable.	Achieved
<b>2</b>	Ongoing	<u>Management</u> . CFSA will maintain twice-daily screening panels to ensure those cases appropriate for investigation are accepted and that the Assessment Unit will evaluate allegations that may involve issues other than abuse or neglect.	Screening panels are occurring in the CPS units to provide additional supervision and support. An unintended consequence of this practice is a possible delay in case assignments and referrals to the police. The Monitor is assessing this through the CPS evaluation currently underway.	Achieved
<b>3</b>	Ongoing	<u>Hotline</u> . The Hotline Supervisor and Program Manager will review regularly the Hotline recording system tapes to assess individual Hotline worker performance as well as overall Hotline functioning,	CFSA has developed a Hotline quality assurance plan for implementing the review of recordings of calls answered by individual workers. Implementation has not begun.	Not Achieved



## IMPLEMENTATION STATUS OF AIP STRATEGIES

(Strategies due by April 30, 2007)

	Due Date	Action Step	Current Status	Achieved/Not Achieved
		and will implement improvements as needed.		
4	Ongoing	<u>Quality of Investigations.</u> CFSA workers will use Structured Decision Making (SDM™) to assess child safety and family risk levels during investigations and throughout the life of a case. All families at low or moderate risk of abusing or neglecting their children will be referred to the Healthy Families/Thriving Communities Collaboratives for intervention and support designed to prevent entries into foster care. CFSA will review FACES reports to monitor workers' contacts with collateral contacts during an investigation. See also section below on quality assurance.	CFSA uses a child safety assessment tool during investigations. CFSA has an updated SDM™ Risk Assessment tool designed for use during an investigation but the tool is not yet in FACES. (A recent Congressional appropriation, once signed by the President, will provide funding for integrating the tool into FACES, which is critically important.) The Agency has a protocol for how the SDM™ tool is to inform practice, however, it is not clear the extent to which this protocol is being followed as very few families who are at low or moderate risk are being referred to the Collaboratives. The Monitor is also not clear on how risk assessment is being used throughout the life of a case.	Not Achieved
5	Ongoing	<u>Media campaign to create new foster and adoptive resources.</u> CFSA will continue efforts to increase community awareness of the need for foster parents and increase calls to the recruitment line. CFSA will launch a recruitment campaign to address sibling	CFSA is working with True Insight, the Annie E. Casey Foundation, and Freddie Mac to address recruitment and retention, along with launching a media campaign, advertisements, and targeted "profile" parents. The media campaign is slated	In Process

## IMPLEMENTATION STATUS OF AIP STRATEGIES

(Strategies due by April 30, 2007)

	Due Date	Action Step	Current Status	Achieved/Not Achieved
		groups of all ages. CFSA will work with True Insight Marketing to address recruitment and retention and will implement the Adoptive and Foster home recruitment plan previously developed and submitted to the Monitor.	for full implementation in September 2007.	
6	Ongoing	<u>Technical Assistance.</u> Seek technical assistance from AECE, Casey Family Programs and/or national resource centers. CFSA will obtain technical assistance and develop work plan that restructures service system for youth, and creates a strong placement and service continuum that meets the needs of youth and strengthens permanency.	A meeting with Casey was held in April and an initial scope of work has been developed by Casey. A CFSA workplan has not yet been developed.	In Process
7	Ongoing	<u>Use Data to Track Worker visits and case plans.</u> Supervisors will use worker specific data to monitor visits and case plans.	CFSA is using administrative data regularly to track visits and case plans; performance improvements have been seen in both areas.	Achieved
8	Ongoing	<u>Creation of Permanency Specialists.</u> CFSA will implement a model of permanency specialists who work with out-of-home care social workers to support	CFSA has created the position for a permanency specialist, initiated the Permanency Redesign Pilot and held several permanency specific trainings.	Partially Achieved

## IMPLEMENTATION STATUS OF AIP STRATEGIES

(Strategies due by April 30, 2007)

	Due Date	Action Step	Current Status	Achieved/Not Achieved
		concurrent permanency planning from the time a child enters foster care through reunification, guardianship, adoption, or living independently. Implementation of a pilot is underway and an evaluation of the redesign will run concurrent to the pilot.	Five permanency specialists have been hired but CFSA is experiencing difficulties staffing a permanency specialist in every out-of-home unit thereby jeopardizing this restructuring effort. An assessment by CFSA is underway to determine the barriers to fully staffing the positions.	
9	Ongoing	<u>Development of post-permanence services.</u> CFSA will create an array of post-permanency services including mental health services for children and youth and support services.	A unit of two post-permanency workers has been developed at CFSA. The Family Center of Adoptions Together and its staff of seven will provide post-permanency services and referrals.	Achieved
10	Ongoing	<u>Access to child's prior medical history.</u> District of Columbia will implement new legislation that requires health professionals and others to provide access to medical records immediately upon request	Emergency legislation requiring health professionals to provide information was passed and is effective until October 2007. The permanent legislative package is in the legal sufficiency process prior to being submitted to the Mayor and Council for approval.	Achieved
11	Ongoing	<u>Continue Administrative Reviews, internal Fatality</u>	Administrative Reviews and Child Fatality Reviews are occurring regularly. CFSA included	Partially Achieved

## IMPLEMENTATION STATUS OF AIP STRATEGIES

(Strategies due by April 30, 2007)

	Due Date	Action Step	Current Status	Achieved/Not Achieved
		<u>Reviews</u> , and special studies of internal service delivery (sometimes done collaboratively with the Center for the Study of Social Policy). CFSA will implement monthly QSRs throughout the agency at the unit level in spring, 2007, share results and recommendations agency wide across the agency, and conduct agency-wide QSR annually.	in its QA plan a description of its move to conduct unit-based QSRs and has begun the reviews but full scale implementation is not completed. The Monitor and CFSA need to come to agreement on the total number of QSRs that will be conducted each year.	
12	Ongoing	<u>Performance monitoring of private agencies</u> . CFSA will continue the use of Scorecards to monitor performance in the private agencies. Contracts with private agencies will include financial incentives and disincentives tied to performance, and CFSA will take all steps necessary to enforce the terms of private agency contracts, including the use of financial incentives and disincentives tied to performance.	CFSA publishes monthly on its website the private agency scorecards. CFSA has completed a series of community forums to solicit ideas for the structure of performance based contracting. The RFP will be released by the end of June and contracts executed by the end of January 2008. A compliance officer has been hired recently.	In Process
13	February-07	<u>Enhance and target foster parent training and retraining and support</u> . CFSA shall obtain technical assistance for skill building relating to recruiting the right mix of	CFSA is working with True Insight Marketing and using its Adoptive and Foster Home Recruitment	Partially Achieved

## IMPLEMENTATION STATUS OF AIP STRATEGIES

(Strategies due by April 30, 2007)

	Due Date	Action Step	Current Status	Achieved/Not Achieved
		<p>foster parents and in general recruiting, developing and supporting resource families. Assistance will be obtained in designing an effective campaign to meet CFSA recruitment and support needs. CFSA will continue pilot test of Mockingbird Model for some CFSA homes and evaluate the results. A full time social worker will be assigned to support STAR homes.</p>	<p>Plan to target potential foster parents. Marketing materials have recently been approved to include an information kit, posters and advertisements. CFSA is working with the Freddie Mac Foundation, the Dave Thomas Foundation, and The Mockingbird Model Inc to recruit foster parents.</p> <p style="text-align: center;">- continued -</p> <p>CFSA expects to add three new families to the Mockingbird pilot program. The Mockingbird Family Model staff are to complete an analysis of the program's outcomes to determine if and how TA can be used.</p> <p>CFSA has completed a survey with foster parents to determine training needs. Information was gathered related to why parents had not completed training. Future training will include a pilot of "What Every Foster Parent Needs to Know Before</p>	

## IMPLEMENTATION STATUS OF AIP STRATEGIES

(Strategies due by April 30, 2007)

	Due Date	Action Step	Current Status	Achieved/Not Achieved
			the First Child is Placed in the Home” and a staff training to ensure they understand laws and guidelines related to foster parents.	
14	February-07	<u>Issue RFP for Hurt Home</u> for residential services for children ages 6-12 and for other specialized day programming.	DMH issued an RFP in February of 2007 but the solicitation did not result in a qualified provider. An assessment to barriers will need to be completed and the solicitation reissued.	RFP Issued; Services Not Procured
15	March-07	<u>ST*A*R emergency beds</u> : Create 4 additional emergency foster home beds in D.C. Maintain a total capacity of 10 STAR placements.	The first ST*A*R home opened in August 2006 and there are now 7 active beds in the network with an additional 3 beds expected by June 30.	Partially Achieved
16	March-07	<u>Family Finding/ Youth Connections</u> . CFSA will implement Youth Connections to identify people who will remain permanent connections for youth and augment it with Family Finding, to identify extended family members with whom committed youth may have not had contact since they entered care but who	Youth Transition Conferences are provide through the Collaboratives for young adults age 20 and up. The efforts related to Family Finding and Youth Connections are still under development. A critical Youth Connections position needs to be filled. Several CFSA workers are participating in a training for Family Finding and strategies for	Not Achieved

## IMPLEMENTATION STATUS OF AIP STRATEGIES

(Strategies due by April 30, 2007)

	Due Date	Action Step	Current Status	Achieved/Not Achieved
		may be interested in establishing permanent relationships. Training and pilot phase to begin by March, 2007, plan developed by April 30, 2007	disseminating training throughout CFSA are being considered.	
17	March-07	<u>Closing gaps in dental services.</u> CFSA will finalize arrangements for services with “Small Smiles”, a dental clinic in DC that serves Medicaid children ages 3 to 20 and includes Bilingual staff of dentists, hygienists and dental assistants.	Children are currently being referred to Small Smiles. DC KIDS is capturing the data. CFSA will receive the first report at the end of May. Two other dentists have also been identified and children are being referred.	Partially Achieved
18	March-07	<u>Complete needs assessment of CFSA-involved children and youth’s mental and behavioral health needs</u> and utilize the results to identify any additional specific service needs and enhancement strategies. Analysis will include whether Medicaid dollars can be used to fund identified services within the DMH	CFSA partnered with DMH to complete "A Mental Health Needs Assessment of Children in Foster Care" in April 2007. This report includes a breakdown of Medicaid v. non Medicaid eligible services and the number of children accessing those services. The Monitor has reviewed the	Not Achieved Seriously Delayed

## IMPLEMENTATION STATUS OF AIP STRATEGIES

(Strategies due by April 30, 2007)

	Due Date	Action Step	Current Status	Achieved/Not Achieved
		MHRS structure and the amount of local dollars that are required to support the needed, non Medicaid-eligible services.	assessment and provided feedback on the additional information needed to meet this requirement.  CFSA and DMH have discussed having focus groups to gather consumer data regarding their needs and service effectiveness. By June 5, 2007, CFSA and DMH will issue a document outlining the next steps to be taken toward completing this task.	
19	March-07	<u>Amend DMH clinical criteria</u> for prior authorization to provide that every child discharged from a psychiatric hospitalization or who experienced more than two placements in one twelve month period will qualify for community and home-based interventions through DMH's community-based intervention services	DMH criteria for prior authorization were not amended; instead, DMH has implemented a procedure which would allow for prompt authorization of In-Home and Community-Based services for children being discharged from a psychiatric hospital or who have experienced more than two placements in a 12-month period. DMH will also track requests for this service to monitor for appropriate and expected utilization.	Not Achieved
20	March-07	<u>Ensure access to Automated Client Eligibility</u>	CFSA has received the required training and now	Achieved



## IMPLEMENTATION STATUS OF AIP STRATEGIES

(Strategies due by April 30, 2007)

	Due Date	Action Step	Current Status	Achieved/Not Achieved
		<u>Determination System (ACEDS)</u> by CFSA Behavioral Services to determine the name of the assigned MCO for the parent or the child upon entry into care to begin to access existing linkages early.	has access to ACEDS.	
21	March-07	<p><u>Establish additional staffing at DMH to support enhanced children's mental health services</u> to include a) systems coordinator/program manager for Medicaid eligible and non-Medicaid eligible services; b) a program analyst to analyze data and program effectiveness; c) CBI coordinator; d) staff to coordinate referrals from CFSA within the mental health system in collaboration with the CFSA Behavioral Services Unit; and e) 1 psychologist and 1 clinical social worker to be assigned to CFSA's CPS unit under the direct supervision of CFSA's Behavioral Services Unit. DMH will review its staffing allocation to determine its current resource capacity and determine amount of additional funding, if any, needed for these positions.</p>	<p>DMH has a) temporarily detailed a staff person to the coordinator/program manger position and plans to post the an announcement to permanently staff the position; b) begun the process to hire a Program Analyst c) staffed the CBI Coordinator position; d) engaged with CFSA to develop a description of the Behavioral Services Unit (BSU) Social Worker position and expects to fill the position by 7/1/07; and e) developed position descriptions for a psychologist and clinical social worker to be assigned to CFSA's child protection unit (CPS) and expects to fill these positions by 7/1/07. There are funds in DMH's FY08 budget for the BSU and CPS social worker positions. DMH plans to identify open positions that may be used in the interim.</p>	Partially Achieved

## IMPLEMENTATION STATUS OF AIP STRATEGIES

(Strategies due by April 30, 2007)

	Due Date	Action Step	Current Status	Achieved/Not Achieved
22	March-07	<u>Complete training on the flexible fund policy</u> by March 1, 2007 and utilize requests made during the last six months of 2006 to project amount of 2008 fund.	CFSA Program Administrators were trained on flexible funding policy and Supervisors and Social Workers are scheduled to have their training in May.	In Process
23	April-07	<u>Placements for teens and large sibling groups:</u> CFSA will develop and implement a plan with timelines to develop strategies regarding placement of teens who repeatedly experience disrupted placements and placement of large sibling groups.	CFSA is working with the Annie E. Casey Foundation to develop strategies and a plan for placing teens and large sibling groups.	Not Achieved
24	April-07	<u>Seek technical assistance from AECE, Casey Family Programs and/or national resource centers.</u> CFSA will obtain technical assistance and develop work plan that restructures service system for youth, and creates a strong placement and service continuum that meets the needs of youth and strengthens permanency.	A meeting with Casey has occurred and an initial scope of work developed. A CFSA work plan has not yet been developed.	Partially Achieved
25	April-07	<u>Expand placement with kin.</u> CFSA will identify and reduce barriers to temporary licensing with kin in the District and continue work with Maryland concerning kin placements. CFSA will create specific kinship	CFSA has increased ability to license kin in the District on an emergency, temporary basis since April 2004 and continues to strategize and partner with groups and other agencies around	Not Achieved with exception of proposed licensing change

## IMPLEMENTATION STATUS OF AIP STRATEGIES

(Strategies due by April 30, 2007)

	Due Date	Action Step	Current Status	Achieved/Not Achieved
		support resources to include: targeted in service training, dedicated kin foster parent support workers, access to respite services and to in home support services. CFSA shall publish an emergency amendment to foster home rules that will allow the Director, upon written application and for good cause, to waive foster home rules that do not adversely affect child safety.	overcoming its ICPC challenges that affect -in part- the licensing of kin in Maryland. Emergency rulemaking has been published for comments regarding waivers of foster home rules for kinship caregivers. Kinship specific support resources have not been developed.	
27	April-07	<u>Child specific recruitment staffings</u> . CFSA will use contract agencies (i.e. Spalding) for child specific recruitment when initial recruitment efforts are not successful. Grant funds will be used to hire a specific recruiter that will use non-traditional recruitment methods for hard-to-place children.	As of April 11, 2007, CFSA was in the process of developing contracts with three agencies to provide recruitment services to children with special needs. A grant-funded recruiter was hired on March 26.	Partially Achieved
28	April-07	<u>Improved information exchange with MAA</u> . CFSA will collaborate with MAA and the MCOs to develop a tracking and monitoring process that will provide the MCOs with alerts that youths under their care are receiving services from CFSA. CFSA will collaborate with MAA to determine the feasibility of CFSA's	In mid-April, CFSA and MAA met to discuss the MCOs. The interagency MOU is near completion and the agencies are currently working on business process.  Many CFSA OCP staff have been trained and	In Process

## IMPLEMENTATION STATUS OF AIP STRATEGIES

(Strategies due by April 30, 2007)

	Due Date	Action Step	Current Status	Achieved/Not Achieved
		access to MAA's EPSDT registry, to learn from MAA whether a child receiving services from CFSA is current in the EPSDT examination. CFSA will ensure OCP staff have access to and are trained on the Safe Passages Information System.	have access to the Safe Passages Information System.	
29	April-07	<u>Establish a Continuous Quality Improvement (CQI) system</u> that engages both staff and external stakeholders in reviewing and improving practice. CFSA will update the Quality Assurance Plan completed in 2004 to incorporate specific outcomes and indicators for measuring them, building on practice standards in the Amended Implementation Plan. CFSA will develop a work plan and timetable that incorporate concrete strategies for embedding a CQI approach into the culture of the agency; an assessment of resources needed and a strategy to identify and provide those resources; engage external partners and stakeholders in CQI; include training for all participants; use existing and new quantitative and qualitative data for review and analysis; and systematically use results to improve policy, practice,	CFSA's Office of Organizational Development & Practice Improvement (ODPI) completed and distributed its "Continuous Quality Improvement Plan" on April 30, 2007. The Monitor is in discussions with CFSA regarding the proposed QA plan.	Partially Achieved

**IMPLEMENTATION STATUS OF AIP STRATEGIES**  
**(Strategies due by April 30, 2007)**

	<b>Due Date</b>	<b>Action Step</b>	<b>Current Status</b>	<b>Achieved/Not Achieved</b>
		and programs. CFSA will share reports and other results of these efforts with the public via our website.		
	Note: This table includes only those AIP strategies set to be achieved through April 2007.			

**APPENDIX A:  
STATUS OF 2006 RESOURCE DEVELOPMENT PLAN IMPLEMENTATION**

<b>Area for Resource Development</b>	<b>Current Status</b>	<b>Achieved?</b>
Implementation of New Practice Model	In Process	No
Implementation of Family Team Meetings	In Process	Progress made on initial FTM; placement FTM work is needed
Extension of Performance Based Contracting	In Process; behind schedule	No
Developing Data Warehousing Capacity	In Process	No
<b>Placement and Support Services</b>		
<i>Action Step #1: Expansion of Placement Options for Youth</i>		
Teen Bridge Program RFP for teens 16-21 who have not experience placement stability	Contracts awarded, Services expected to be available by June 30, 2007	No
Riverside Treatment Services, Inc Contract	CFSA is reviewing contract proposal for subacute beds.	No
Identification of providers to offer Multidimensional Treatment Foster Care (MTFC)	CFSA has selected two contractors to recruit, train, and support specially selected candidates to provide MTFC for children/youth between the ages of 9 and 17 with specialized behavioral needs who are more likely to experience multiple placements.	Yes
RFP for Specialized Care for Developmentally Disabled and Medically Complex Children	RFP issued; proposals received and being evaluated.	Yes
<i>Action Step #2: Improve Bed Capacity Among Contracted Providers</i>		
Increase the quality of placements and improve bed capacity through Performance Based Contracting	PBC community engagement has ended; CFSA designing model; RFP anticipated this summer	No

<b>Area for Resource Development</b>	<b>Current Status</b>	<b>Achieved?</b>
Implementation of ST*A*R Program for emergency foster placements	The first ST*A*R home opened in August 2006 and there are now 7 active beds in the network with an additional 3 beds expected by June 30.	Yes
Creation of 24 hour directory of emergency homes	This has been established for CFSA homes, and efforts are being made with private agencies to create similar consistent with their contractual requirements.	No
<b>Support Services</b>		
<i>Action Step #1: Ensure Greater Private Agency Accountability</i>		
Continuation and Enhancement of Placement-related Benchmarks in Private Agency Score Cards	Score cards published monthly on CFSA web-site and CFSA's intranet; some improvements seen in private agency performance	In Process
<i>Action Step #2: Strengthen Skills and Tools to Better Assess Children in Need of Specialized Care</i>		
Development of Levels of Care system	CFSA has completed much of the necessary analysis for the Levels of Care approach; implementation for CFSA homes in 2007 and by October 2008 for the private agencies	No
<i>Action Step #3: Improve Efforts to Prevent Placement Disruptions</i>		
Continue Expansion of Family Team Meetings	In Process	No
Research strategies and models for strengthening sibling connections	The Agency convened a workgroup in the Fall of 2006 to enhance sibling visitation agency-wide. CFSA plans to schedule agency-wide sibling visitation days twice each month on alternating Saturdays but the status of these events is unknown.	No
Implementation of Family Finding model	Family Finding has been implemented on a small scale with some older youth. The efforts related to Family Finding and Youth Connections are still under development. Several CFSA workers are participating in training for Family Finding and strategies for training throughout CFSA are being considered.	No

Area for Resource Development	Current Status	Achieved?
<b>Service Needs of CFSA Children and Families</b>		
<i>Action Step #1: Develop Tools to Improve Communication with Birth Parents when Children are Removed from the House</i>		
Development of Information Brochure for parents on becoming involved with CFSA	Brochure has been developed but not yet shared with the Monitor	In Process
Identification and distribution of resources available to parents for mental health and substance abuse treatment	<p>Substance abuse specialists are now available in the Office of Clinical Practice. Family Treatment Court provides residential treatment for mothers and their children under age 10. Substance abuse treatment for adolescents is available through public services and private contracts. Total need and capacity for substance abuse treatment is not known to the Monitor.</p> <p>Limited array of mental health services are available.</p>	No
<i>Action Step #2: Determine the Type/Structure of Service (to address depression) that Birth Parents Would Likely Take Advantage of and Find Most Effective</i>		
Pursue home visitation model as response to maternal depression	Utilizing a portion of the local funds for prevention services, CFSA is funding the expansion of the Healthy Start/Healthy Families program in Wards 5, 6, 7 and 8 to accommodate 150 families. CFSA is also partnering with the parent Child Program, Inc., an evidence-based early childhood literacy and school readiness program through Georgetown. This home visitation program will target a select group of high risk families in Wards 7 and 8 for services in Summer, 2007.	Partially Achieved



<b>Area for Resource Development</b>	<b>Current Status</b>	<b>Achieved?</b>
<i>Action Step #3: Submit White Paper on Proposed Alternatives to District's Current Approach to Service Delivery that Moves Beyond a Basic Medicaid Approach to Service Delivery</i>		
Submission of White paper of proposed alternatives to the existing mental health system of service delivery	In November 2006, CFSA published an issue paper regarding the mental health needs of families involved with child welfare.	Partially Achieved  Weak Recommendations
<i>Action Step #4: Implement Use of FTM's as Part of District's Redesigned System of Care</i>		
FTM as part of the System of Care	In October 2006, the FTM process was implemented as part of the System of Care. In partnership with DMH, CFSA facilitates the meetings and DMH coordinates the meetings.	Yes
FTM for youth entering and exiting residential facilities	Youth entering RTC have a Systems of Care meeting as noted above. Youth exiting RTCs will have a discharge staffing through the Office of Clinical Practice at 90 days and 30 days prior to discharge.	No
<i>Action Step #5: Incorporate Components of Coping with Trauma, Conflict Resolution, Skill Building, Drug/Alcohol Avoidance, and Anti-violence in Teen Programs</i>		
Implementation and enhancement of programs for teens	<p>Multi-systemic Therapy (MST) provides four to six months of community-based treatment for children/youth, age 10-17, with complex clinical, social, and educational problems. In FY06, DMH provided MST services to 70 children.</p> <p>The Parent-Teen Conflict Resolution and Respite Care Grant funds conflict resolution interventions as soon as a family comes to the attention of the CFSA child abuse and neglect hotline and/or when there is imminent risk of child maltreatment.</p>	Yes

Area for Resource Development	Current Status	Achieved?
<b>Substance Abuse</b>		
<i>Action Step #1: Establish a sustainable funding strategy for CFSA's two contracted Intake Substance Abuse Specialists</i>		
Establish a sustainable funding strategy for CFSA's two contracted Intake Substance Abuse Specialists	In FY07, CFSA has continued to fund these positions through an inter-agency agreement. A sustainable funding source not yet identified.	No
<i>Action Step #2: Expand existing continuum of substance abuse treatment and related services to meet the needs of CFSA involved referrals</i>		
Expand existing continuum of substance abuse treatment and related services to meet the needs of CFSA involved referrals	CFSA currently has services for women and children through Family Treatment Court and through a contract with Second Genesis. CFSA also contracts with Mountain Manor for inpatient adolescent services or through an APRA program with Riverside. Detoxification and outpatient services are through APRA. In FY 06 CFSA funded an APRA administered pilot intensive outpatient substance abuse treatment plan (IOP) for women with children. In 2007, APRA is expanding the continuum of services for women to include day treatment and outpatient services.	In Process
<i>Action Step #3: Establish a clear tracking mechanism for CFSA referrals to APRA</i>		
Establish a clear tracking mechanism for CFSA referrals to APRA	Referrals are routed through CFSA intake and OCP substance abuse specialists who maintain a data base of referrals made to APRA. Efforts are being made for CFSA to be able to access APRA databases for tracking purposes.	In Process

Area for Resource Development	Current Status	Achieved?
<b>Housing</b>		
<i>Action Step #1: Continue Rapid Housing Program and Increase CFSA's ability to access new FY07 housing dollars</i>		
Exploration of funding options for the Rapid Housing Program for FY07 and beyond	In FY 2007, Department of Human Services to transfer a portion of funds (\$700,000) from the Comprehensive Housing Task Force Fund ( <i>Section (b) (11) of the Deed Recordation Amendment Act of 2006</i> ) to support CFSA's continued implementation of the Rapid Housing Program.	Yes Funding remains insufficient for total need. Resources are needed for housing supports to facilitate reunification.
<i>Action Step #2: Increase CFSA's capacity to meet the service needs of CFSA's children and families by pursuing a FY08 Shelter Plus Care Grant</i>		
Increase CFSA's capacity to meet the service needs of CFSA's children and families by pursuing a FY2008 Shelter Plus Care Grant	A change in HUD rules eliminated CFSA families for eligibility for this grant.	No
<i>Action Step #3: Maintain the Family Treatment Court Transitional Housing Program</i>		
Preservation of transition housing for Family Treatment Court Program	CFSA has maintained funding (\$1.4M annually) for the APRA administered and court supervised Family Treatment Court.  The Agency has increased the number of transitional housing providers to four, adding a new provider to the network.	Yes

Area for Resource Development	Current Status	Achieved?
<b>Child Care</b>		
<i>Action Step #1: Improve Communication among all CFSA stakeholders who participate in the child care service delivery continuum</i>		
Initiation of communication through MOU process to re-establish increased and ongoing communication between CFSA and the Early Care and Education Administration	MOU signed in early 2007. MOU not yet provided to Monitor.	In Process
Ensure availability of child care listings, helpful resource and referral information for social workers in the Community Resources Directory	Child care resources and contact information are listed on the CFSA website.	Yes
Implementation of inter-agency training on the child care referral and service delivery process	Unknown	No
Dissemination of child care referral instructions and resource information	Unknown	No

<b>Area for Resource Development</b>	<b>Current Status</b>	<b>Achieved?</b>
<i>Action Step #2: Maximize CFSA financial resources by leveraging ECEA child care expenses for Title IV-E reimbursement</i>		
Review and modification of MOU to share vital service and financial information regarding foster children who receive child care services through ECEA	Unknown	No
<b>Youth Services</b>		
<i>Action Step #1: Continued implementation of key action items identified by the White Paper: Revamping Youth Services, Preparing Young People in Foster Care for Independence</i>		
Continued implementation of key action items identified by the White Paper: Revamping Youth Services, Preparing Young People in Foster Care for Independence	Youth Connections program, which helps youth plan for adult Living. This past year, CFSA and the Healthy Families/Thriving Community Collaboratives held quarterly Youth Transition Conferences for 196 youth, age 20 and 21 years, who were aging out of care.	Partially Achieved Yes for Youth Transitions  No for Youth Connections
<i>Action Step #2: Implement pregnancy prevention curriculum through Office of Youth Development</i>		
Identification of evidence-based and national models for teen pregnancy prevention	CFSA is currently reviewing models, particularly one used in New York which uses after-school programs as a prevention model to reduce teen pregnancy.	No
Utilize trainings from the DC Campaign for Teen Pregnancy Prevention	CFSA is holding monthly discussion meetings but action not yet taken.	No
Seek funding available through federal grants and private foundations to support teen pregnancy and teen parent initiatives	No Progress	No

Area for Resource Development	Current Status	Achieved?
<i>Action Step #3: Update CFSA's Education Policy to Support Improved Educational Achievement of Children and Youth</i>		
Update CFSA's Education Policy to support improved educational achievement of children and youth	<p>CFSA participates in the Breakthrough Series Collaborative: <i>Improving Educational Continuity and School Stability for Children in Out-of-Home Care</i> sponsored by Casey Family Programs. CFSA has partnered with Shaw Middle School to develop strategies for improving services to foster children in attendance there.</p> <p>For foster youth who wish to attend college, CFSA implemented its Pre-College Services program in June 2006.</p> <p>In August 2006, Capital One® and Bruce Willis's National Foster Care Fund awarded \$250,000 in scholarships and other financial support to help 100 youth in CFSA's care attend college.</p> <p>CFSA redesigned its Educational and Training Voucher program (Chafee) Foster Care Independence Program. ETVs provide up to \$5,000 per academic year. In FY2006, CFSA provided 115 ETVs to youth seeking education and/or training.</p>	Yes
<i>Action Step #4: Improve CFSA's data collection regarding education</i>		
Request that DCPS share the school information related to the children identified on CFSA's ward list	New barriers to information sharing between CFSA and DCPS during the CPS process. DCPS and CFSA are actively working on a data sharing strategy and are currently sharing data on a monthly basis. OCP sends to DCPS a list of children in foster care for data reconciliation to match school enrollment and other educational data.	No
<i>Action Step #5: Implement city-wide Transition Center for Youth</i>		
Implement city-wide Transition Center for Youth	CFSA is working to find space and funding sources. It is expected that the YTC will be operational in FY2008; Funding amount for this is unknown	No

<b>Area for Resource Development</b>	<b>Current Status</b>	<b>Achieved?</b>
<i>Action Step #6: Develop and Implement Volunteer Mentor Partnership</i>		
Develop and implement Volunteer Mentor Partnership in FY07	VMP awarded grants to three community based organizations in December 2006 but have been slow in identifying mentors.	No
<b>Domestic and Family Violence</b>		
<i>Action Step #1: Access District resources to increase awareness and understanding of domestic violence and its impact on children and families throughout CFSA</i>		
<i>Action Step #2: Collaborate on the On-Call Advocacy Pilot Project</i>		
<i>Action Step #3: Draft a formal Domestic Violence policy for the Agency</i>		
	Inadequate progress on all action steps.	No
<b>HIV/AIDS</b>		
<i>Action Step #1: Provide mandatory training on universal precautions and HIV/AIDS to CFSA staff, clients, providers, and caregivers</i>		
Train CFSA staff and foster parents in universal precautions and HIV/AIDS	In Spring 2007, CFSA issued a request for proposals to develop and implement a comprehensive HIV/AIDS Training Curriculum and is awaiting responses.	No
<i>Action Step #2: Review current CFSA policy</i>		
<i>Action Step #3: Develop screening guidelines for HIV risk factors And testing procedures where exposure is indicated</i>		
<i>Action Step #4: Increase awareness of HIV transmission in youth in foster care</i>		
<i>Action Step #5: Assess support needs of families with HIV/AIDS affected members and offer the contact information for appropriate resources</i>		

Area for Resource Development	Current Status	Achieved?
<i>Action Step #6: Host roundtable forum in FY07 to address HIV/AIDS in child welfare and raise awareness of the most pertinent issues</i>		
	Inadequate progress on all items.	No
<b>Community and Neighborhood Based Services</b>		
<i>Action Step #1: Enhance post-foster care tracking system</i>		
	Unknown	No
<i>Action Step #2: Continue to refine the referral process to assure that CFSA staff are using the Collaboratives as designed</i>		
Utilization of referrals to Collaboratives for low-to-moderate risk clients  Assessment of impact of the referral process	Referrals continue to be less than optimal.	No
<i>Action Step #3: Develop and support a mechanism to determine the effectiveness of the Collaboratives in preventing child abuse and neglect</i>		
	Several evaluation efforts are in process	In Process



Area for Resource Development	Current Status	Achieved?
<b>Foster and Adoptive Parent Recruitment</b>		
<i>Action Step #1: Implement public information campaign to recruit new foster and adoptive homes</i>		
<i>Implement public information campaign to recruit new foster and adoptive homes</i>	<p>CFSA launched a Metro advertising campaign in the month of November and December (2006).</p> <p>CFSA developed an adoption recruitment work plan that focuses on data collection, community outreach, partnerships, media and public relations, internal Agency communication and practice improvement.</p> <p>CFSA received grant funding from the Dave Thomas Foundation to implement an intensive child-focused recruitment strategy for children/youth with a permanency goal of adoption.</p> <p>CFSA's recruitment events attendance ranges from the 900 to 1000 participants. From those indicating interest, at least 80-100+ prospective foster and adoptive parents are usually in attendance at orientations that are held twice monthly.</p>	Yes
<i>Action Step #2: Disseminate Public Service Announcement (PSA) developed by the Federal Government to increase adoption of older youth in foster care</i>		
Disseminate Public Service Announcement (PSA) developed by the Federal Government to increase adoption of older youth in foster care	CFSA is using a campaign on Metro to target this recruitment.	In Process
<i>Action Step #3: Place emphasis on recruiting foster parents for teens</i>		
Place emphasis on recruiting foster parents for teens	In addition to the marketing campaign described above, the agency is us technical assistance from True Insights marketing to further develop strategies for the recruitment of teens.	In Process

**APPENDIX B:  
SUMMARY TABLE OF OUTCOMES TO BE ACHIEVED**

<b><u>LaShawn</u> Requirement</b>	<b>Interim Benchmark</b>	<b>January 2007 Performance</b>	<b>Benchmark Achievement</b>	<b>Direction of Change</b>
Section I: Outcomes to be Achieved				
A. Goal: Child Safety				
1. <i>Investigations</i>				
a. Investigations of alleged child abuse and neglect shall be initiated within 48 hours. Initiation of an investigation includes seeing the child and talking with the child outside the presence of the caretaker. When children are not immediately located, documented good faith efforts to see the child within the first 48 hours shall include visiting the child's home, school and day care in an attempt to locate the child as well as contacting the reporter, if known, to elicit additional information about the child's location; contacts with the police shall be made for all allegations that involve moderate and high risk cases.	90%	71%	No	No Change
b. Investigations of alleged child abuse and neglect shall be completed within 30 days.	90%	47%	No	Improved
c. Reports of abuse and neglect in foster homes and institutions shall be comprehensively investigated; investigations in foster homes shall be completed within 30 days and investigations involving group homes, day care settings or other congregate care settings shall be completed within 60 days.	95%	70% completed within 30 days 30% completed within 60 days (combined group homes and foster homes)	No	Declined

<b><u>LaShawn</u> Requirement</b>	<b>Interim Benchmark</b>	<b>January 2007 Performance</b>	<b>Benchmark Achievement</b>	<b>Direction of Change</b>
<p><i>2. Acceptable Investigations</i>            CFSA shall routinely conduct investigations of alleged child abuse and neglect. Evidence of acceptable investigations shall include:</p> <p>a. Use of CFSA's screening tool in prioritizing response times for initiating investigations, and use of risk assessment protocol in making decisions resulting from an investigation;</p>		Forthcoming CPS evaluation		
<p>b. A full and systematic analysis of a family's situation and the factors placing a child at risk;</p>		Forthcoming CPS evaluation		
<p>c. Appropriate interviews with needed collateral contacts and with all children in the household outside the presence of the caretaker, parents or caregivers, or shall include documentation, by the worker, of good-faith efforts to see the child and that the worker has been unable to locate the child; and</p>		Forthcoming CPS evaluation		
<p>d. Medical and mental health evaluations of the children or parents when the worker determines that such evaluations are needed to complete the investigation.</p>		Forthcoming CPS evaluation		

<b><u>LaShawn</u> Requirement</b>	<b>Interim Benchmark</b>	<b>January 2007 Performance</b>	<b>Benchmark Achievement</b>	<b>Direction of Change</b>
<p><b>3. Social Worker Visits to Families with In-Home Services</b>  A CFSA worker or a qualified worker from a service provider authorized by CFSA shall make twice-monthly visits to families in which there has been substantiated abuse or neglect, with a determination that each child can be maintained safely in the home with services. At least one visit per month shall be in the home, but the second can be at the child's school, day care or elsewhere. Workers are responsible for assessing the safety of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker.</p>	<p>50%  2x monthly  95% monthly</p>	<p>35% (2x)  75%(1x)</p>	No	Improved
<p><b>4. Social Worker Visits to Children in Out-of-Home Care</b>  a. CFSA or contract social workers with case management responsibility shall make twice-monthly visits to each child in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.). At least one visit per month shall be in the home, but the second can be at the child's school, day care or elsewhere.</p>	<p>80%</p>	<p>67%  (90% received one visit)</p>	No	Improved
<p><b>5. Social Worker Visits to Children Experiencing a New Placement or a Placement Change</b>  a. CFSA or contract agency social workers with case responsibility shall make weekly visits during the first four weeks of placement and twice monthly visits thereafter to each child newly placed in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.) or moved to a new placement.</p>	<p>80%</p>	<p>58%</p>	No	Improved

<b><u>LaShawn</u> Requirement</b>	<b>Interim Benchmark</b>	<b>January 2007 Performance</b>	<b>Benchmark Achievement</b>	<b>Direction of Change</b>
<b>B. Goal: Permanency</b>				
<b>6. <i>Relative Resources</i></b> CFSA shall investigate relative resources in all cases requiring removal of children from their homes.		Forthcoming CPS evaluation		
<b>7. <i>Placement of Children in Most Family-like Setting</i></b> a. Children in out-of-home placement shall be placed in the least restrictive, most family-like setting appropriate to his or her needs.	80%	78%	Substantially Achieved	Declined
b. No child shall stay overnight in the CFSA Intake Center or office building	Full Compliance	Achieved	Achieved	Achieved
c. No child shall remain in an emergency, short-term, or shelter facility or foster home for more than 30 days.	No more than 25 children	16 children in an emergency placement for more than 30 days (8 for more than 91 days)	Achieved	Achieved
<b>8. <i>Placement of Young Children</i></b> a. Children under 12 shall not be placed in congregate care settings for more than 30 days unless the child has special treatment needs that cannot be met in a homelike setting and unless the setting has a program to treat the child's specific needs.	No more than 20 children	9 children	Achieved	Achieved
b. CFSA shall place no child under six years of age in a group care non-foster home setting, except for those children with exceptional needs that cannot be met in any other type of care.	No more than 5 children	5 children	Achieved	Achieved

<b><u>LaShawn</u> Requirement</b>	<b>Interim Benchmark</b>	<b>January 2007 Performance</b>	<b>Benchmark Achievement</b>	<b>Direction of Change</b>
<b>9. Visits Between Parents and Workers or Providers</b> For children with a permanency goal of reunification, in accordance with the case plan, the assigned worker or designated family services provider should meet with the parent(s) no less frequently than twice a month in the first three months post-placement unless there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.	80%	42%	No	Improved
<b>10. Visits Between Parents and Children</b> There shall be weekly visits between parents and children with a goal of reunification unless clinically inappropriate and approved by the Family Court. In cases in which visitation does not occur, the Agency shall demonstrate and there shall be documentation in the case record that visitation was not in the child's best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it.	85%	22%	No	Improved
<b>11. Appropriate Permanency Goals</b> Children shall have permanency planning goals consistent with the Federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines.	90%	86%	No	Unable to Determine
<b>12. Reduction of Multiple Placements for Children in Care</b> a. Of all children served in foster care during the fiscal year (2007 and subsequent years), and who were in care at least 8 days and less than 12 months, 88 percent shall have two or fewer placements.		Measurement methodology under development	No	Unable to Determine
b. Of all children served in foster care during the fiscal year (2007 and subsequent years), and who were in care for at least 12 months but less than 24 months, 65% shall have had two or fewer placement settings.		Measurement methodology under development	No	Unable to Determine

<b><u>LaShawn</u> Requirement</b>	<b>Interim Benchmark</b>	<b>January 2007 Performance</b>	<b>Benchmark Achievement</b>	<b>Direction of Change</b>
c. Of all children served in foster care during the fiscal year (2007 and subsequent years), and who were in care for at least 24 months, 50% shall have had two or fewer placement settings since October 1, 2004 or entry into care (if entry was after October 1, 2004).		Measurement methodology under development	No	Unable to Determine
<b>13. <i>Timely Approval of Foster/Adoptive Parents</i></b> a. CFSA shall have in place a process for recruiting, studying and approving families interested in becoming foster or adoptive parents that results in the necessary training, home studies, and decisions on approval being completed within 120 days of beginning training.	85%	Insufficient Data	No	Unable to Determine
b. CFSA should ensure training opportunities are available so that interested families may begin training within 30 days of inquiry.		Multiple training classes offered each month	Achieved	Achieved
<b>14. <i>Legal Action to Free Children for Adoption</i></b> Children with a permanency goal of adoption shall have legal action initiated to free them for adoption within 45 days of their permanency goal becoming adoption.	75%	61% (July – December)  75% October – December)	No	Improved
<b>15. <i>Timely Adoption</i></b> a. Children with a permanency goal of adoption should be in an approved adoptive placement within nine months of their goal becoming adoption.	85%	29%	No	Declined

<b><u>LaShawn</u> Requirement</b>	<b>Interim Benchmark</b>	<b>January 2007 Performance</b>	<b>Benchmark Achievement</b>	<b>Direction of Change</b>
b. Within 95 days of a child's permanency goal becoming adoption, CFSA shall convene a permanency planning team to develop a child-specific recruitment plan which may include contracting with a private adoption agency for those children without an adoptive resource.	90%	88%	Almost Met	Not Comparably Measured
c. CFSA shall make all reasonable efforts to ensure that children placed in an approved adoptive home have their adoptions finalized within twelve (12) months of placement in the approved adoptive home.	85%	17%	No	Unable to Determine
16. <i>Case Planning Process</i> a. CFSA shall, with the family, develop timely, comprehensive and appropriate case plans in compliance with District law requirements and permanency timeframes, which reflect family and children's needs, are updated as family circumstances or needs change, and CFSA shall deliver services reflected in the current case plan. b. Every reasonable effort shall be made to locate family members and to develop case plans in partnership with youth and families, the families' informal support networks, and other formal resources working with or needed by the youth and/or family. c. Case plans shall identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.	90%	QSR Data 42% Case Planning Process  45% Implementation of Case Plan and Services and Supports  47% Tracking and Adjustments	No	Unable to Determine



<b><u>LaShawn</u> Requirement</b>	<b>Interim Benchmark</b>	<b>January 2007 Performance</b>	<b>Benchmark Achievement</b>	<b>Direction of Change</b>
d. Case plans shall be developed within 30 days of the child entering care and shall be reviewed and modified as necessary at least every six months thereafter, and shall show evidence of appropriate supervisory review of case plan progress.	95%	92% Child Plans 84% Family Plans	Achieved	Improved
<b>C. Goal: Child Well-Being</b>				
17. <i>Community-based Service Referrals for Low &amp; Moderate Risk Families</i> Families who have been the subject of a report of abuse and/or neglect that is determined to be low or moderate risk and needing additional supports shall be referred to an appropriate Collaborative or community agency for services and supports.	70%	45%	No	Unable to Determine
18. <i>Sibling Placement and Visits</i> a. Children in out-of-home placement should be placed with some or all of their siblings.	80%	57%	No	Declined
b. Children placed apart from their siblings should have at least twice monthly visitation with some or all of their siblings.	75%	33%	No	Improved
19. <i>Placement within 100 Miles of the District</i> No more than 82 children shall be placed more than 100 miles from the District of Columbia. (Children placed in kinship or pre-adoptive family-based settings under the ICPC shall be exempt from this requirement.)	No more than 82 children	86	No	Improved

<b><u>LaShawn</u> Requirement</b>	<b>Interim Benchmark</b>	<b>January 2007 Performance</b>	<b>Benchmark Achievement</b>	<b>Direction of Change</b>
<p><i>20. Assessments for Children Experiencing a Placement Disruption</i></p> <p>CFSA shall ensure that children in its custody whose placements are disrupted are provided with a comprehensive and appropriate assessment and follow-up action plans to determine their service and re-placement needs no later than within 30 days of re-placement.</p>	85%	Insufficient Data	13%	Unable to Determine
<p><i>21. Services to Promote Stability</i></p> <p>CFSA shall provide for or arrange for services required by the MFO through operational commitments from District public agencies and/or contracts with private providers. Services shall include (a) services to enable children who have been the subject of an abuse/neglect report to avoid placement and to remain safely in their own homes; (b) services to enable children who have been returned from foster care to parents or relatives to remain with those families and avoid replacement into foster care; (c) services to avoid disruption of an adoptive placement that has not been finalized and avoid the need for replacement; and (d) services to prevent the disruption of a beneficial foster care placement and avoid the need for replacement.</p>	80%	QSR reveals service delivery is not individualized to needs and is poorly coordinated	No	No Change
<p><i>22. Health and Dental Care</i></p> <p>a. Children in foster care shall have a health screening prior to placement.</p>	90%	<p>97% pre-initial placement</p> <p>67% pre-placement change</p>	No	Improved

<b><u>LaShawn</u> Requirement</b>	<b>Interim Benchmark</b>	<b>January 2007 Performance</b>	<b>Benchmark Achievement</b>	<b>Direction of Change</b>
b. Children in foster care shall receive a full medical and dental evaluation within 30 days of placement.	90%	25% medical 0% dental	No	Declined
c. CFSA shall provide caregivers with documentation of Medicaid coverage within 5 days of every placement and Medicaid cards within 30 days.		Measurement methodology under development	Unable to Determine	Unable to Determine
d. Medicaid coverage shall remain active for the entire time a child is in foster care.		Measurement methodology under development	Unable to Determine	Unable to Determine
<b>D. Goal: Resource Development and System Accountability</b>				
<b>23. <i>Financial Support for Community-Based Services</i></b> The District shall provide evidence of financial support for community- and neighborhood-based services to protect children and support families.		\$15.9 million	Achieved	Achieved
<b>24. <i>Resource Development Plan</i></b> The District shall implement the CFSA Resource Development Plan, which is to be developed by June 30 each year. The Resource Development Plan shall include all of the components listed in Item 15b of the Outcomes to be Maintained section of this document.		See Appendix A		

<b><u>LaShawn</u> Requirement</b>	<b>Interim Benchmark</b>	<b>January 2007 Performance</b>	<b>Benchmark Achievement</b>	<b>Direction of Change</b>
<p><i>25. Post-Adoption Services</i>  CFSA shall make available post-adoption services necessary to preserve families who have adopted a child committed to CFSA.</p>			<p>2 CFSA Post-Adoption Workers</p> <p>New contract for the Family Center of Adoptions Together</p>	Improved
<p><i>26. Caseloads</i></p> <p>a. The caseload of each worker<sup>1</sup> conducting investigations of reports of abuse and/or neglect shall not exceed the MFO standard, which is 1:12 investigations.</p>	12 investigations per worker	2 of 50 workers (4%) with more than 12 investigations	No	Improved
<p>b. The caseload of each worker providing services to children and families in which the child or children in the family are living in their home shall not exceed 1:15 families.</p>	15 families per worker	<p>5 of 41 workers (12%) with more than 15 total cases</p> <p>1 of 41 workers (2%) with more than 15 family cases</p>	No	Improved

<b><u>LaShawn</u> Requirement</b>	<b>Interim Benchmark</b>	<b>January 2007 Performance</b>	<b>Benchmark Achievement</b>	<b>Direction of Change</b>
c. The caseload of each worker providing services to children in placement, including children in Emergency Care and children in any other form of CFSA physical custody, shall not exceed 1:15 children for children in foster care.	15 children per worker	66 of 208 workers with more than 15 total cases  18 of 208 workers (9%) with more than 15 placement cases	No	Not comparably measured
d. The caseload of each Permanency Specialist shall not exceed 30 children with the goal of adoption/guardianship. An implementation assessment shall be completed to determine effectiveness.	30 children per worker	Permanency Specialists currently teaming on 10-15 cases each but full implementation is lagging	No	Not previously measured

<b><u>LaShawn</u> Requirement</b>	<b>Interim Benchmark</b>	<b>January 2007 Performance</b>	<b>Benchmark Achievement</b>	<b>Direction of Change</b>
e. The caseload of each worker having responsibility for conducting home studies shall not exceed 30 cases.	30 home studies per worker	0 of 14 CFSA initial home study workers with more than 30 cases  5 of 5 re-licensing workers with more than 30 cases  Private agency caseloads unknown	No	No previously measured
f. There shall be no cases unassigned to a social worker for more than five business days, in which case, the supervisor shall provide coverage but not for more than five business days.	No unassigned cases for more than 5 days	2 investigation cases  59 on-going cases  (43 cases not assigned in over 31 days)	No	Not previously reported
27. <i>Supervisory Responsibilities</i> a. Supervisors who are responsible for supervising social workers who carry caseloads shall be responsible for no more than six workers, including case aides, or five caseworkers.	No more than 5 workers and a case aide	5 of 90 supervisors (6%) with more than 5 workers	No	Improved

<b><u>LaShawn</u> Requirement</b>	<b>Interim Benchmark</b>	<b>January 2007 Performance</b>	<b>Benchmark Achievement</b>	<b>Direction of Change</b>
b. No supervisor shall be responsible for the on-going case management of any case.	supervisors or managers are not to carry cases	38 of 128 supervisors or managers (30%) carrying cases	No	Improved
<i>28. Training for New Workers and Supervisors</i> a. New workers shall receive the required 80 hours of pre-service training through a combination of classroom and on-the-job training in assigned training units.	90%	57%	No	Improved
b. New supervisors shall receive a minimum of 40 hours of pre-service training on supervision of child welfare workers within three months of assuming supervisory responsibility.	90%	2005 100% CFSA Unknown Private Agencies  2006 Data validation by Monitor continues	No	Unable to Determine
<i>29. Training for Previously Hired Workers, Supervisors and Administrators</i> a. Previously hired workers shall receive annually a minimum of 5 full training days (or a minimum of 30 hours) of structured in-service training geared toward professional development and specific core and advanced competencies.	85%	21%	No	Declined

<b><u>LaShawn</u> Requirement</b>	<b>Interim Benchmark</b>	<b>January 2007 Performance</b>	<b>Benchmark Achievement</b>	<b>Direction of Change</b>
b. Supervisors and administrators shall receive annually a minimum of 24 hours of structured in-service training.	85%	77% Supervisors 59% Administrators and Managers	No	Declined
30. <i>Training for Foster Parents</i> a. CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training.	95%	Insufficient data	No	Unable to Determine
b. CFSA and contract agency foster parents shall receive annually a minimum of 15 hours of in-service training	90%	Insufficient data	No	Unable to Determine
31. <i>Quality Assurance</i> CFSA shall have a Quality Assurance system with sufficient staff and resources to assess case practice, analyze outcomes and provide feedback to managers and stakeholders. The Quality Assurance system must annually review a sufficient number of cases to assess compliance with the provisions of the MFO and good social work practice, to identify systemic issues, and to produce results allowing the identification of specific skills and additional training needed by workers and supervisors.	Development of QA system to meet agency needs	In Process	No	Improved
32. <i>Special Corrective Action</i> a. CFSA shall produce accurate monthly reports, shared with the Monitor, which identify children in the special corrective action categories	Case review process and implementation	Recent QA plan presented a methodology for completing reviews	No	No Change



<b><u>LaShawn</u> Requirement</b>	<b>Interim Benchmark</b>	<b>January 2007 Performance</b>	<b>Benchmark Achievement</b>	<b>Direction of Change</b>
b. CFSA shall conduct a child-specific case review by the Director or Director's designee for each child identified and implement a child-specific corrective action plan, as appropriate.	Case review process and implementation	Recent QA plan presented a methodology for completing reviews	No	No Change
<b>33. Performance Based Contracting</b> CFSA shall have in place a functioning performance based contracting system that (a) develops procurements for identified resource needs, including placement and service needs; (b) issues contracts in a timely manner to qualified service providers in accordance with District laws and regulations; and monitors contract performance on a routine basis.	PBC system in place	In Process	No	No Change
<b>34. ICPC</b> CFSA shall continue to maintain responsibility for managing and complying with the ICPC for children in its care.	Comply with ICPC	324 Children (28%) in ICPC Backlog	No	No Change
<b>35. Licensing Regulations</b> CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes, and independent living facilities.	Necessary resources to license and monitor	541 of approximately 580 contracted foster homes received visit  No consistent methodology for tracking all foster homes	No	Improved

<b><u>LaShawn</u> Requirement</b>	<b>Interim Benchmark</b>	<b>January 2007 Performance</b>	<b>Benchmark Achievement</b>	<b>Direction of Change</b>
<b>36. Provider Payments</b> CFSA shall ensure payment to providers in compliance with DC's Quick Payment Act for all services rendered.	Comply with DC Quick Payment Act	Provider web and invoicing system developed; PASS payment not resolved	No	Improved
<b>37. Budget and Staffing Adequacy</b> The District shall provide evidence that the Agency's annual budget complies with Paragraph 7 of the October 23, 2000 Order providing customary adjustments to the FY 2001 baseline budget and adjustments to reflect increases in foster parent payments and additional staff required to meet caseload standards, unless demonstrated compliance with the MFO can be achieved with fewer resources. The District shall provide evidence of compliance with Paragraph 4 of the October 23, 2000 Order that CFSA staff shall be exempt from any District-wide furloughs and from any District-wide agency budget and/or personnel reductions that may be otherwise imposed.		\$280,944,064 for FY 2008	Achieved	Achieved